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DEPARTMENT OF THE AIR FORCE
Headquarters US Air Force
Washington DC 20330-5000

AF REGULATION 35-4

13 December 1985

Military Personnel

PHYSICAL EVALUATION FOR RETENTION, RETIREMENT, AND SEPARATION

This regulation explains the rules and authority for retiring or discharging members who are unfit to perform their military duties because of physical disability. It also outlines procedures for control, periodic examination, and final disposition of members whose names have been placed on the temporary disability retired list (TDRL); and for the retention, periodic evaluation, and disposition of certain unfit members who are kept on active duty in a limited assignment status (LAS). The system of records described in this regulation is authorized by 10 U.S.C., chapter 61, Retirement or Separation for Physical Disability; and EO 9397, Numbering System for Federal Accounts Relating to Individual Persons. This regulation carries out the requirements of 10 U.S.C., chapter 61; and Department of Defense (DOD) Directive 1332.18, 9 September 1968.

This regulation is affected by the Privacy Act of 1974. Each form that is subject to AFR 12-35 and required by this publication has a Privacy Act Statement, either incorporated in the body of the form or in a separate statement accompanying it.

Proposed supplements that affect any function of an active duty consolidated base personnel office (CBPO), Air Reserve Forces CBPO, or consolidated reserve personnel office (CRPO) must be processed as prescribed in AFR 5-13. Submit other proposed supplements and operating instructions to Headquarters Air Force Manpower and Personnel Center, Directorate of Personnel Programs Management, Personnel Programs Actions, Retirements Division, Policies and Procedures Branch (HQ AFMPC/DPMARP), Randolph AFB TX 78150-6001, for review and approval before publication.

NOTE: This regulation has been written to be easily understood by those who may need to know about disability processing. However, there are certain words that are commonly used in performing the functions described here which may not be familiar. These are listed in attachment 1, Explanation of Terms and Abbreviations. We suggest you to refer to it before reading this regulation.

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Chapter 1

INTRODUCTION

1-1. Purpose of the Disability Evaluation System. Disability laws have been enacted to establish a means of removing members from active duty who can no longer perform their duties because of physical disability. The laws also provide for compensation of members whose military careers are cut short due to a service-incurred or service-aggravated physical disability. The intent of these laws is to maintain a fit and vital military force capable of serving wherever required. Members who have served a number of years may have physical defects; however, the mere presence of these defects or conditions does not qualify them for disability retirement or discharge. The physical defect or conditions must render the member unfit for duty.

There is no way for an individual to apply for disability retirement or discharge. Disability evaluation begins only when the member is referred to a Medical Evaluation Board (MEB) as a result of examination, treatment, hospitalization, or substandard performance. Once the case is referred to the disability system the Air Force has both the legal and moral obligation to give all members a full and fair hearing.

1-2. A Brief Description of the System. When it becomes doubtful that a member can be assigned duty worldwide, medical evaluation and disability processing proceeds as follows:

a. Medical Workup. Consists of an examination, tests, hospitalization (if necessary), medical history, and narrative summary which could result in referral to the MEB. AFRs 160-43 and 168-4 contain information regarding medical evaluations and should be used with this regulation.

b. Medical Evaluation Board (MEB). The MEB is composed of three physicians who review all medical records and make appropriate recommendations according to AFR 168-4, chapter 13. The recommendation of the MEB is approved or disapproved by the medical facility commander. If the recommendation is referred to the Physical Evaluation Board (PEB), action continues under this regulation.

c. Physical Evaluation Board Liaison Officer (PEBLO). Each medical facility that refers cases to the PEB must appoint a PEBLO whose duty is to make sure that each case is complete, accurate and fully documented when it is sent to the PEB. The PEBLO must also ensure that

members are fully counseled concerning their right and privileges at each step in the processing. The PEBLO maintains coordination between the member, medical facility, PEB and consolidated base personnel office (CBPO) so the disability evaluation can be completed without delay.

d. Disability Processing Branch. The AFMPC, Disability Processing Branch (DPMARD) serves as the central point of contact for matters concerning the Air Force disability evaluation system. They provide administrative and management guidance pertaining to the disability system and monitor the processing of each case to ensure there are no unnecessary delays. They are also responsible for contact with and counseling of members on the TDRL.

e. Informal Physical Evaluation Board. The informal board reviews all the medical records and pertinent documentation and decides if the member is physically and mentally fit or unfit for further military duty. The member may not appear before the informal board and is not represented by legal counsel. The PEB's recommendation is sent to the member.

f. Member's Action After Informal PEB. Except for a member retained on the TDRL, the PEB findings and recommended disposition are sent to the member who may agree or disagree and request a formal hearing. When the PEB recommends retention on the TDRL there is no change in the member's status or compensation, therefore, he or she may not demand a formal hearing.

g. Formal Physical Evaluation Board. The formal PEB hearing provides the full hearing as required by law. Members may personally appear before the formal PEB. Military legal counsel will be appointed to represent the member free-of-charge; however, the member may retain civilian counsel at his or her own expense. The member may also request other military counsel; however, if the chosen military counsel is not reasonably available, the member is responsible for all related expenses. The formal PEB decides if the member is fit or unfit for further military service and announces its recommended disposition. If the member does not agree, he or she may submit a written rebuttal.

h. Physical Review Council (PRC). The PRC reviews the case to ensure that disability laws, policies, and directives are uniformly and equitably

applied. The PRC may agree with or change the PEB's findings and recommendation. Minor changes or technical corrections are not referred to the member. If the PRC makes a major change in the disposition or compensable disability rating, it prepares revised recommended findings (RRF) which are sent to the member for comment. Members who have not previously had a formal hearing during the current evaluation process and who disagree with the RRF, have the option of a formal hearing. Members on the TDRL may submit a written rebuttal provided they sign a statement waiving their right to a formal hearing. This waiver option is not available to active duty members. Active duty and TDRL members who have already had a formal hearing and disagree with the RRF may submit a written rebuttal.

i. Secretary of the Air Force. By law, the Secretary of the Air Force (SAF) has the authority to retire or separate members who are physically unfit to perform the duties of their office or grade. The action agency within the Office of the Secretary of the Air Force is the SAF Personnel Council (SAF/MIPC). There are two boards within the Council which consider disability cases, the Air Force Personnel Board and the Air Force Physical Disability Appeals Board (PDAB). When the member and PRC agree with recommended case disposition, the case may be finalized at AFMPC by a special assistant to the SAF without review by either Personnel Board or the PDAB. The Personnel Board reviews all disability cases sent to the Council, except those where the member rebuts a PRC RRF. The Personnel Board also has the option of preparing RRFs which are then processed in the same manner as a PRC RRF. The PDAB reviews cases involving RRFs from the PRC or Personnel Board which have been rebutted by the member. In its final review, SAF/MIPC may agree with the PEB, PRC or member's rebuttal. SAF/MIPC may also direct action under other administrative directives if deemed appropriate.

j. Orders. After final review, disposition is announced in retirement orders, messages, or letters of instruction.

k. Air Force Board for the Correction of Military Records (AFBCMR). The ultimate administrative remedy for a dissatisfied individual is the appeal process of the AFBCMR under the provisions of AFR 31-3.

l. Limited Assignment Status (LAS). LAS is an exception to the policy that unfit members must be retired or discharged. Members who can continue to serve with some limitations and who

meet the requirements may, upon approval, be retained on active duty for certain periods with limitations as to duty and areas of assignment.

1-3. Eligibility for Disability Evaluation. All Air Force members are eligible for disability evaluation with these exceptions:

a. Members Under Court-Martial (CM) Charges. Member who are charged with one or more offenses that may result in dismissal or a punitive discharge by a court-martial may not be processed under this regulation. Disability evaluation may continue, if the case fits one of the following exceptions:

(1) **Question of Sanity.** When a medical board finds that a member's sanity is in question, the commander exercising court-martial jurisdiction must decide whether to dismiss, withdraw, or hold charges in abeyance until the disability evaluation is completed or to proceed with CM. If the commander decides to dismiss, withdraw or hold the charges in abeyance to allow the disability evaluation to continue, a copy of that decision must be sent to the PEB along with the sanity board report and other required records listed in AFR 168-4.

(2) **Service Retirement or Nondisability Discharge.** Members under charges who apply for length service retirement or nondisability discharge instead of undergoing court-martial may be processed under this regulation. Such cases are processed as dual action cases and the Secretary of the Air Force makes a final determination as to appropriate disposition such as CM, service retirement or nondisability discharge.

b. Members Sentenced to Dismissal or Punitive Discharge by CM. Members under CM sentence of dismissal or punitive discharge may not be processed under this regulation unless the sentence is suspended and the member's physical or mental defects warrant review by a PEB. If action is started to vacate the suspension, disability evaluation must stop.

c. US Air Force Academy (USAFA). Cadets are not eligible for disability processing (ref. 10 U.S.C. 1217).

d. Members Not on Extended Active Duty (EAD). Members not on EAD are ineligible for disability evaluation unless they are non-Regulars who qualify under other provisions of this regulation.

1-4. Processing Special Cases. The Secretary of the Air Force or AFMPC may change the processing of certain disability cases outlined in

this regulation, if the change is in the best interest of all concerned. These cases are:

a. Court-Martial Sentence not Involving Dismissal or Punitive Discharge. A member under sentence that does not involve dismissal or punitive discharge is not usually eligible for disability evaluation until final disposition of the sentence or charges. However, if retention on active duty may aggravate the member's physical or mental condition, disability evaluation may proceed. Detailed information on the status of the sentence must be included with the disability case.

b. Unauthorized Absence. Disability processing stops when a member is absent without leave (AWOL), in deserter status, or in the hands of civil authorities. Processing will not be resumed until the member returns to military control, and AFMPC makes a determination as to whether the member is eligible for processing under this regulation.

c. Civil Court Action. If civil criminal court action is pending and the member is present for duty, disability processing continues provided any movement of the member is cleared with responsible military authorities.

d. Dual Action Processing. When nondisability retirement or discharge is pending, and the member is also eligible for disability evaluation, the case continues as a dual action case according to AFRs 35-7, 39-10, and 36-12. The Secretary of the Air Force makes the final decision as to appropriate disposition in all dual action cases.

e. Inactive Members. Except for non-Regulators who qualify under chapter 8, members must be on active duty to be eligible for disability processing. Exceptions may be made only when directed by the Secretary of the Air Force, or when HQ AFMPC/DPMARD and the Surgeon (HQ AFMPC/SG) agree that the evaluation is in the best interest of all concerned. In such cases, HQ AFMPC/SG, Office of the Surgeon, will designate the medical facility to conduct the medical board workup and direct the appropriate Reserve component to issue the required travel orders.

1-5. Secretary of the Air Force Powers, Functions, and Duties:

a. Prescribes directives to carry out 10 U.S.C. chapter 61.

b. Decides the following in any member's case:

- (1) Fitness for active duty.
- (2) Percentage of disability when retired or discharged for disability.
- (3) Suitability for reappointment, enlistment or reentry on active duty.

(4) Entitlement to disability retirement or severance pay. **EXCEPTION:** Cases requiring approval in the Office of the Secretary of Defense, such as certain general and medical officers.

1-6. Secretarial Exceptions. The Secretary of the Air Force is authorized to make exceptions to this regulation unless specifically prohibited by law.

1-7. Length of Medical Care and Beginning of Disability Processing. It is not within the mission of the Air Force or the other military departments to give long-term hospital care or treatment to members who are not likely to be returned to duty. The proper time to start disability processing must be decided on an individual basis, considering the interests of both the member and the Air Force.

a. The medical facility should initiate disability processing when a member cannot do his or her assigned job because of medical defect or condition, and it is not likely that further hospitalization or treatment will result in return to duty within a reasonable time, usually 1 year. If the member needs long term hospital care or treatment, and it is doubtful that he or she will be able to return to duty, or if the member needs immediate movement to a Veterans' Administration (VA) Spinal Cord Injury Treatment Center, the case must be processed at once for a disability retirement or discharge.

b. No member will be retained, retired, or discharged under this regulation solely to increase Air Force retirement or discharge benefits. Disability processing must not be held up for such things as elective surgery or the treatment of nondisabling conditions. If emergency surgery, treatment, or hospital care is needed, a delay in retirement or discharge processing may be considered only when it is anticipated that the member's case will be processed or reprocessed under this regulation.

1-8. Disability Ratings. The percentage assigned to a medical defect or condition is the disability rating. A rating is not assigned until it is determined that the member is physically unfit for duty. By law, these ratings are assigned from the VA Schedule for Rating Disabilities. The VA Schedule is furnished by the Veterans' Administration and is a closely controlled item. Copies are furnished at the PEBs and to the Medical Evaluation Board at the PEB referral hospitals.

1-9. Retaining Members on Active Duty After Scheduled Nondisability Retirement or Discharge Date. When a nondisability retirement or discharge date arrives during a hospitalization, medical processing, or disability evaluation under this regulation, the member may be retained in a medical hold status. The nondisability retirement or discharge orders must be revoked before their effective date. Requests for medical hold can be approved only by HQ AFMPC, Office of the Surgeon Medical Standards Division (SGM).

a. Officers will be retained unless they decline in writing.

b. Enlisted members must submit a written request according to AFR 39-10 if they want to be retained past their normal expiration of term of service (ETS).

1-10. The Next of Kin (NOK) or Guardian.

The NOK or guardian acts for the member in those cases where the member is mentally incompetent or the physician determines that divulging information to the member would be harmful to his or her well being. The NOK or guardian is entitled to the same rights, privileges, and counseling benefits and must follow the same procedures, unless specifically prohibited, that this regulation outlines for the members being evaluated. The NOK or guardian may travel to and from Lackland AFB TX at government expense when representing the member at a formal PEB hearing. HQ AFMPC/DPMARD will issue invitational travel orders authorizing travel for one person.

1-11. National Emergency, Contingencies of

War. During a national emergency, contingencies of war, or time of war, the disability evaluation system will continue to operate as specified in this regulation. However, a sustained heavy case workload may require the decentralization of the PEB to those bases that host USAF medical centers. Should this occur, CONUS medical facilities which have been designated by the Air Force Surgeon General as PEB referral hospitals will forward their cases to the PEB located at the same base as their designated USAF medical center. HQ AFMPC, Retirements and Separations Division (DPMAR) will announce the decentralization of the PEB by message when it has been determined that the central PEB can no longer manage the increased disability workload. Also, conditions may temporarily preclude the disability evaluation system from functioning; however, the system will be reactivated as soon as possible.

1-12. Inactive Status List (ISL) Transfers.

Non-Regular members who are approved for disability discharge under 10 U.S.C. 1203 or 1206 and who have 20 or more years of satisfactory federal service computed under 10 U.S.C. 1332 may choose to transfer to ISL. These members then retire at age 60 under 10 U.S.C. 1331.

1-13. Approval by DOD Military Pay and Allowance Committee.

The entitlement portions of this regulation have been approved by the DOD Military Pay and Allowance Committee (MPAC) under procedures prescribed by the Secretary of Defense according to 37 U.S.C. 1001. (MPAC Item 84-146).

Chapter 2

MEDICAL PROCESSING RELATED TO DISABILITY EVALUATIONS

2-1. Medical Examinations. The requirements for medical examinations and preparation of medical documents are in AFR 160-43, which also covers the medical conditions and physical defects that usually require referral to a Medical Evaluation Board (MEB).

2-2. Medical Board Actions. The rules for MEBs, their documentations and recommendations (including referral to a PEB), and disposition of the evaluated members and their records are in AFR 168-4, chapter 13.

2-3. Medical Processing When Nondisability Retirement or Separation Action Is Pending. If the member's qualification for worldwide duty is in question, see paragraph 1-9 and AFR 160-43 for medical hold procedures to permit medical processing.

2-4. Role of the Medical Officer on an MEB. The health care provider at the medical facility conducts the examination, prepares the documents required to clearly identify the medical defects or conditions that may disqualify the member for worldwide duty, and refers the case to an MEB. The medical officers on the board must evaluate the documentation, recommend the disposition of the case, and refer it to the approving authority as outlined in AFR 168-4.

2-5. Continued Hospitalization After Disability Evaluation. Even though continued hospitalization is not a direct part of disability evaluation, it may be necessary due to the member's medical condition. Continued hospitalization may be at either the referring hospital, another military facility, a VA or a civilian medical facility depending on the circumstances. If long-term inpatient care is needed, the member should be moved to a VA hospital as soon as possible. The member will not be moved until the PEB completes its evaluation, unless it is authorized by the HQ AFMPC/DPMARD.

2-6. Competency. A determination as to mental competency must be made whenever there is any question about the member's ability to act in his or her own behalf or if there is a change from

a prior competency determination. AFR 168-4, chapter 13 provides guidance on conducting competency boards.

2-7. Limitations on Disability Processing. Disability processing begins only when HQ AFMPC/DPMARD receives all documents required by AFR 168-4, chapter 13. HQ AFMPC/DPMARD may not accept telephone or message requests for immediate action, even for terminal cases, until all the required documents are received.

2-8. Informing Members Who Have Been Evaluated by an MEB. The PEBLO or registrar must advise the member of the results of the MEB. Members must have an opportunity to read and sign the medical report. If they do not agree with any item in the medical board report or narrative summary, they should be advised to submit a statement of exception for the PEB to review. They must be advised that signing the report does not imply agreement but only indicates that they have read what will be sent to the PEB. Neither the PEBLO nor the attending medical personnel should lead the member to believe that he or she will be retired or discharged or make any statement concerning percentage of disability that may be appropriate. No attempt should be made by individuals at any echelon to exert improper influence on case outcome. In cases involving incompetent members or those where knowledge of their condition would be harmful to them, the PEBLO counsels the member's next-of-kin or guardian and provides them the same opportunity to submit a letter of exception.

2-9. VA Physician's Guide. Physicians who prepare cases for the MEB and PEB should be familiar with the VA Physician's Guide for Disability Evaluation Examinations, and should use it to describe physical defects. This helps to ensure consistency in reporting similar conditions and assists the boards and councils of the disability system in their review and evaluation process. This guide is published by the Veterans' Administration. It is furnished to the PEBs, PEB referral hospitals and to the one time direct referral hospitals by HQ AFMPC/DPMARD.

Chapter 3

THE PHYSICAL EVALUATION BOARD (PEB)

Section A—How PEBs Are Established

3-1. Purpose of PEBs. A PEB is a fact finding body that investigates the nature, origin, degree of impairment, and probable permanence of the physical or medical defects or condition of any member whose cases are brought before it. The PEB conducts hearings and makes findings and recommendations on the disposition of the case. Hearings are not adversarial but are administrative in nature.

a. Review. A PEB is not a statutory board but is established to evaluate facts and make recommendations. Its findings and recommendations are subject to review by a higher reviewing authority.

b. Evidence. A PEB is not bound by any statute of limitation in considering the evidence.

c. Hearings. The PEB provides the full and fair hearing required by laws governing disability evaluations (10 U.S.C. 1214).

3-2. The Appointing Authority for PEB Members. Permanent and alternate members are appointed on Department of the Air Force Special Orders by direction of the Secretary of the Air Force and are senior commissioned officers.

3-3. Permanent Members of the PEB. No one can serve unless appointed on orders. The Assistant Deputy Chief of Staff, Personnel for Military Personnel (HQ USAF/DPM), or a designee is responsible for assigning and appointing PEB permanent members. Appointment orders designate the senior nonmedical voting member as PEB president. Other nonmedical voting members are designated as personnel members. Orders must state which voting members are Medical Corps officers. Officers serving on active duty in a Reserve component are identified on orders. Certified shorthand reporters take the proceedings of the formal PEB verbatim. The counsels for the member (or NOK) and the reporters are not members and do not vote. If necessary, the junior nonmedical member may act as recorder; however, this does not need to be specified in the appointing order. Court reporters and other administrative support civilians may be sworn as recorders, without vote, to help prepare and process PEB findings and recommendations. The tour of duty as a PEB permanent member is usually the same as for

officers assigned to AFMPC.

3-4. Alternate Members of the PEB. Alternate members may be appointed and serve when permanent members are temporarily absent. These temporary appointments are not to be used as a means of rotating officers for duty on the PEB. Alternate members are appointed and designated on orders the same as permanent members. The Commander, AFMPC furnishes alternate members to the informal PEB. The Commander, Air Force Military Training Center (AFMTC), furnishes alternate presidents and personnel members for the formal PEB. The Commander, Wilford Hall USAF Medical Center, furnishes alternate medical members for the formal PEB. If possible, alternate presidents should be colonels, alternate medical and nonmedical members should be majors or above, and alternate military legal counsels should be captains or above. At least two of the alternate voting members should be Reserve Component officers on active duty. The PEB president ensures that alternate members are instructed on their duties and responsibilities before serving as PEB members.

3-5. Composition of the PEB. The PEB is composed of at least three voting members. If three permanent voting members are not available, alternate members are called. When the formal PEB permanent president is not available, the permanent personnel member (if serving in the grade of colonel) acts as president. If neither is available, an alternate president is called. The permanent personnel member of the informal PEB serves as president during the absence of the permanent president without regard to grade. If possible, voting members should be senior to the person being evaluated. In acting on a PEB request for an alternate member, the commander's decision on the availability of the member is final. Other requirements are:

a. Medical Corps Officers. One of the voting members must be a Medical Corps officer.

b. Regular Air Force Members. If the member being evaluated is in the Regular Air Force, one of the PEB voting members must be in the Regular Air Force.

c. Non-Regular Members. If the member being evaluated is in the Reserve, one of the PEB voting members must be in the Reserve. If

the Reserve member being evaluated is serving on EAD as a Regular Air Force enlisted member (under active duty force management policies), all PEB members may be Regular Air Force officers.

d. Counsel. Counsel does not serve as a voting member.

e. Prior Review. PEB voting member cannot be on a PEB that evaluates cases they have acted on before. Exceptions to this policy may be made if:

(1) A PEB voting member acted on a TDRL reevaluation case at the initial or at some earlier evaluation, or

(2) Additional medical documentation has been added to the case, or

(3) A new MEB has recommended that a case again be referred to a PEB, or

(4) A higher review authority has directed further investigation and reconsideration of a case.

f. Disqualification. PEB voting members must disqualify themselves if they believe prior review or knowledge of that case may affect their ability to act fairly.

3-6. Approval Authority. Unless DOD approval is required by law, the final approval authority in physical fitness determinations, disposition of unfit members, and related actions is retained within the Office of the Secretary of the Air Force. SAF/MIPC may designate officers or officer grade civilians in HQ AFMPC/DPMARD as special assistants to the director, SAF/MIPC with authority to make final determinations in specific types of cases. After final disposition is approved, HQ AFMPC/DPMARD prepares a retirement order if required and sends disposition instructions to the member through the CBPO; or, in TDRL reexamination cases, directly to the member (or NOK).

3-7. PEB Locations. The informal PEB is located at AFMPC, Randolph AFB TX 78150-6001. The formal PEB is at Lackland AFB TX 78236-5000. All cases are first sent to HQ AFMPC/DPMARD for administrative review. HQ AFMPC/DPMARD refers cases to the informal and formal PEBs.

3-8. PEB Support and Administration. AFMPC exercises overall operational and administrative supervision of the PEBs through HQ AFMPC/DPMARD, Randolph AFB TX 78150-6001. For logistics and administrative support, however, as well as court-martial jurisdiction, the PEBs are considered attached to the base where

they are located. In addition to providing overall administrative control of disability case processing, HQ AFMPC/DPMARD furnishes administrative support to the informal PEB. AFMPC, Staff Judge Advocate (JA), provides legal support as needed. To ensure fairness and independent decisions in the disability evaluation system, primary members of the various boards and councils will not be rated (for officer effectiveness report purposes) by another member of any disability system board or council.

Section B—Procedures for Informal Hearings

3-9. Purpose of Informal Hearings. At an informal hearing, the PEB reviews all medical documentation and related records to determine the member's fitness for military duty. If the PEB determines that the member is unfit, they recommend appropriate disposition based on the degree of impairment caused by the disabling conditions, the date the condition was incurred, and the member's line of duty status.

3-10. Action by the PEB. Neither the member nor counsel may be present at the informal hearing. This does not limit the member's rights to a full hearing since a formal PEB may be requested if he or she disagrees with the findings and recommended disposition of the informal board. The PEB findings and recommended disposition are recorded on AF Form 356, Findings and Recommended Disposition of USAF Physical Evaluation Board, which is sent with the AF Form 1180, Action on Physical Evaluation Board Findings and Recommended Disposition, to the PEBLO at the referring medical facility. Four to seven copies of AF Form 356 are prepared depending on the type of case and whether the PEB hearing was informal or formal. The original always goes in the member's master personnel records group (MPerRGp) and a copy goes to the member (or NOK or guardian). The remaining copies are retained in the files of the PEB, the referring medical facility, and at HQ AFMPC/DPMARD. AF Form 1180 is used to find out if the member (or NOK or guardian) agrees or disagrees with the PEB findings and recommended disposition. The form is rarely used for informal hearings on TDRL reevaluation cases. It is made out in three copies for active duty cases and four copies for TDRL reevaluation cases processed by the formal PEB. In all cases, the original copy goes to HQ AFMPC/DPMARD to file with the case records, one copy goes to the member, and

one copy goes to the PEBLO in active duty cases. The formal PEB may also use one copy as a suspense copy in TDRL formal hearing cases.

3-11. Action by the PEBLO and the Member.

Within 1 duty day of receipt of PEB findings, the PEBLO counsels the member (or NOK) concerning the recommended disposition and advises member of his or her rights, the available options, and required actions. The PEBLO signs the counselling portion of the AF Form 1180 and tells the member (or NOK) that they must either agree with the PEB's recommendation or demand a formal hearing within 3 duty days. If the member (or NOK) needs more time to make their decision concerning the PEB findings, the PEBLO contacts HQ AFMPC/DPMARD and relays the request, including the reason for the requested delay. HQ AFMPC/DPMARD may approve a short extension of the 3 day limit if it is in the best interest of all concerned.

a. When the member agrees, he or she checks the appropriate block on AF Form 1180 and signs all copies. The PEBLO informs HQ AFMPC/DPMARD of this decision by telephone (by message if overseas) and sends the original AF Form 1180. The PEBLO gives the member (or NOK) a copy of AF Form 1180 and 356 and holds a copy of each form in suspense until final disposition of the case is made.

b. When the member demands a formal hearing, he or she checks that appropriate block on AF Form 1180 and signs all copies. The decision to request a formal PEB is the member's (or NOK's) alone. The PEBLO, counsel, and others in the disability evaluation system can answer questions and provide guidance, but they cannot make this decision. The PEBLO informs HQ AFMPC/DPMARD by telephone or message of the member's decision and sends the original and one copy of AF Forms 1180 and 356 and retains a copy of each in suspense until final disposition of the case is made. HQ AFMPC/DPMARD advises the PEBLO of the date and time for the member to report to the formal PEB at Lackland AFB TX and sends all available records to the formal board. This reporting time is not for the formal hearing itself but is for the member to consult with the appointed military legal counsel and review the case records. The PEBLO notifies the member (or NOK) and takes action as outlined in paragraph 3-16.

c. If the member (or NOK) neither agrees nor demands a formal hearing within the time limit, it is assumed that the member believes the case

has not been fairly evaluated. This assumption is also made when the member submits a conditional concurrence. The PEBLO tells the member that, to ensure a full and fair hearing, he or she will be directed to appear before the formal PEB. The PEBLO advises HQ AFMPC/DPMARD of the situation and sends a report of the circumstances to the formal PEB with all copies of AF Form 1180. HQ AFMPC/DPMARD tells the PEBLO the date and time for the member to report to the formal PEB and sends all available records to the formal PEB. The PEBLO notifies the member (or NOK) and takes action as outlined in paragraph 3-16.

3-12. Special Review by the Informal PEB.

If the PEBLO discovers any of the circumstances listed below during the review of the case, informal PEB may make a special review of the case. When this happens, the PEBLO contacts HQ AFMPC/DPMARD, gives the facts, and requests guidance. If HQ AFMPC/DPMARD approves, the PEBLO sends a report of circumstances (with supporting evidence, if any) for review by the informal PEB. If the informal PEB special review results in new findings, a new AF Form 356 is prepared and the case is reprocessed. Otherwise, HQ AFMPC/DPMARD advises the PEBLO to go on with the processing of the original case. The time limit for the member's response is adjusted accordingly. The circumstances that may merit a special review are:

a. **Missing Evidence.** Pertinent medical records or evidence were not sent to the informal PEB.

b. **Oversight.** There was an apparent oversight by the PEB in considering certain data.

c. **New Evidence.** There is a change in diagnosis which does not require another medical work-up or new medical board. If the change is major, the referring medical facility must recall the case for further medical evaluation and new medical board, as appropriate.

d. **Unusual Circumstances.** Changes in medical status that may change the PEB's findings and recommended disposition.

3-13. NOK Action. When a member is physically or mentally unable to act in his or her own behalf, the NOK (or guardian) is counseled on the PEB findings and recommended disposition. The NOK is asked to act for the member. The NOK will also be asked to act for the member when the physician determines that it would be harmful to the member's well-being to advise him or her of the facts or circumstances of the case.

a. When the NOK (or guardian) is near the referring facility, the PEBLO counsels him or her in person, if possible. The NOK signs AF Form 1180 for the member. When the counseling is not done in person, the PEBLO sends written details to HQ AFMPC/DPMARD. If needed, they may approve an extension of the 3 duty day time limit.

b. When the NOK (or guardian) is not near the referring facility, the PEBLO informs HQ AFMPC/DPMARD. If the NOK is near another PEB Referral Hospital (PEBRH), HQ AFMPC/DPMARD sends AF Form 1180 and 356 along with other pertinent information to that PEBRH and asks the PEBLO at that facility to counsel the NOK and complete the required actions. If the NOK is not near any PEBRH, then HQ AFMPC/DPMARD sends the necessary forms, with a letter of explanation, to the NOK and requests a reply within a specified time (about 2 weeks).

c. When the NOK (or guardian) is unknown or cannot be found, the PEBLO at the referring facility informs HQ AFMPC/DPMARD who refers the case to the formal PEB. This ensures that the member's legal right to a full hearing is protected.

d. When the PEB recommends permanent or temporary retirement with maximum benefits (100 percent compensable rating), and time and circumstances do not permit a formal hearing, HQ AFMPC/DPMARD may process the case for Secretarial determination without the member's or NOK's agreement. They may also do this if the NOK is unknown or can't be found, as in c above. A statement of the circumstances involved must be made a part of the case file.

Section C—Procedures for Formal Hearings

3-14. Purpose of the Formal Hearing. Public Law 10 U.S.C. 1214 provides that no military member may be retired or separated for physical disability without a full hearing if he or she demands it. The formal hearing provides the opportunity for members to appear in person before the PEB, to be represented by an appointed military counsel or counsel of their choice, and to present evidence and call witnesses. After full consideration of all documentation and evidence pertaining to the case, the formal PEB makes a recommendation as to the member's fitness for duty. If the member is found unfit, the board recommends appropriate disposition based on the degree of impairment caused by the disabling condition, the date the condition was incurred, and

the member's line of duty status.

3-15. Situations Where a Formal Hearing Is Required. A formal PEB is held when:

a. Requested by the member (or NOK) after an informal PEB. Once a member has agreed with an informal board's finding of fit with recommendation for return to duty, the member has no further right to demand a formal hearing without substantial new medical evidence. Such new evidence must be submitted to HQ AFMPC/DPMARD for consideration before the recommendation has been approved within the Office of the Secretary of the Air Force.

b. Member (or NOK) neither agrees to the findings of the informal PEB nor demands a formal hearing or the member (or NOK) submits a conditional concurrence.

c. NOK is unknown or cannot be found or is unwilling to accept the responsibility, and the member is unable to act in his or her own behalf.

d. The president of the informal PEB, the PRC chairman, the Chief, HQ AFMPC/DPMARD, or a representative of the Office of the Secretary of the Air Force decides that a formal hearing is in the best interests of the member and the Air Force. This hearing can be held in absentia. The member is informed of this action by AF Form 1365, Notification to Member of Formal Hearing in Absentia.

3-16. PEBLO Actions Required Before the Formal Hearing:

a. **Travel Arrangements.** When the member requires military or commercial transportation to the formal board, the PEBLO ensures that orders are issued placing member on temporary duty (TDY) at Wilford Hall USAF Medical Center, Lackland AFB TX 78236-5000. Orders must show that the TDY is for the specific purpose of appearing before the formal PEB and must include the date and time member is to report to the formal board. This date and time is not only for the board hearing but also must include time for the member to meet with legal counsel and review records before the hearing. The member should arrive at Lackland not more than 24 hours before scheduled reporting time. If travel is by aeromedical evacuation, orders will show that member will travel "Class 4", unless that class is not appropriate due to medical reasons. Funding for TDY to the formal PEB is the responsibility of the referring medical facility. The member should contact the appointed military counsel at the formal PEB (AUTOVON 473-4295) before beginning travel

from an overseas area.

b. Orders Indorsement. Advise the member that, after the formal hearing and before leaving Lackland AFB, travel orders must be indorsed by the formal PEB to show the time and date of arrival and release from the PEB.

c. Lackland AFB Information. Give the member a letter that has up-to-date information on housing, transportation, meals, location of buildings, where to report, and how to get orders indorsed.

d. Uniform Requirements. Advise the member of the prescribed uniform requirements. Active duty members must wear the service uniform unless it cannot be worn for medical reasons. TDRL members may wear either their uniform or appropriate civilian clothing. If the military uniform is worn, the member must conform with all requirements of AFR 35-10.

3-17. The Formal PEB Action Before the Hearing. Upon receipt of the case, the PEB president makes sure the following actions are completed:

a. Notice to Member. Provide the member (or NOK) with written notice of the date, time, and place for the formal hearing. This notification also provides the member an opportunity to choose counsel other than the appointed military counsel and to identify witnesses to be called. Applicable forms are listed below:

(1) AF Form 1177, Notification to Member of Formal Hearing, is used when the member can come to the formal hearing. The formal PEB prepares the form in two copies, filling in the personnel data and the appointed counsel's name. The member completes the remainder of the form when he or she reports for the formal hearing. The original is placed in the case file, and the duplicate copy is given to the member. When the member requests and receives a delay in the formal hearing date, the formal PEB prepares this form in three copies and includes the date and time of the rescheduled hearing. The original and one copy are mailed to the member who completes and returns the original to the formal board. The third copy is retained by the formal PEB as a suspense copy. The completed original, when returned, is filed in the original case file for return to HQ AFMPC/DPMARD.

(2) AF Form 1365, Notification to Member of Formal Hearing in Absentia, is used when member is physically unable or unwilling to come to the formal hearing. The formal PEB prepares the form in four copies, filling in the personnel

data, the appointed counsel's name, and the date and time of the scheduled hearing. The original and one copy are mailed to the member who completes the remainder of the form and returns the original to the formal board. The third copy is retained by the formal PEB as a suspense copy, and the fourth copy is given to the appointed counsel. The completed original, when returned, is filed in the original case file for return to HQ AFMPC/DPMARD.

(3) AF Form 1174, Notification to Next-of-Kin of Formal Hearing, is used when the member is mentally or physically unable to act in his or her own behalf. In these cases, the NOK or guardian acts for the member. The formal PEB prepares the form in four copies, filling in the personnel data, the appointed counsel's name, and the date and time of the scheduled hearing. The original and one copy are mailed to the NOK who completes the remainder of the form and returns the original to the formal PEB. The third copy is retained at the formal board as a suspense copy, and the fourth copy is given to the appointed counsel. The completed original, when returned, is placed in the original case file for return to AFMPC/DPMARD.

b. Change in Scheduled Hearing. Advise member and counsel at once of any change in the scheduled date, time, or place of the formal hearing.

c. NOK Travel Time. Allow ample time for travel when NOK (or guardian) wants to be present at the formal hearing.

d. Notice to Others. Advise PEB members, witnesses, counsel, reporter, and interpreter, if any, at once of the date, time, and place of the formal hearing.

e. Formal Hearing Preparation. Afford the member (or NOK) ample time after arrival at the PEB to review the available records and prepare the case. Normally, up to 3 days is allowed for this purpose. If more time is needed, the member must submit a written request to the president of the PEB giving reasons for the delay and the amount of extra time needed. The PEB president advises the member in writing whether the request is approved or disapproved and why. If approved, the PEB president notifies the member of the new date and time of the formal hearing.

f. Hearing Rules. Inform the member (or NOK), counsel, and witnesses of the rules outlined in this section.

g. VA Schedule. Ensure that member and counsel have access to the VA Schedule for Rating Disabilities.

h. Directives. Makes this regulation, AFR 160-43, AFR 168-4, and other Air Force directives referred to in this regulation and that apply to the case available for review by member (or NOK) and counsel.

3-18. Failure of Member To Appear for a Formal Hearing. When the member (except in mentally incompetent or absentee type cases or when appearance would be harmful to the member's medical condition) fails to appear, the PEB delays the hearing and investigates the absence. If there is no reasonable excuse for the absence, the hearing will proceed. A statement of the circumstances will be made a part of the record. The appointed military counsel must be present at the hearing if neither the member nor another counsel representing the member is present.

3-19. Waiver of Appearance by Member. A member scheduled to appear before a formal PEB may request waiver of appearance, in writing, to the PEB president (figure 3-1). Approval is at the discretion of the PEB president, except when the PEB was directed in accordance with paragraph 3-15d, in which case approval authority rests with HQ AFMPC/DPMARD. A request for waiver does not excuse a member from the hearing. The member must appear unless his or her request for excusal is approved. The appointed military counsel must be present when the member, or another counsel representing the member, is not present. Request for waiver is made in two copies and becomes a permanent part of the record.

3-20. Representation by Counsel. All members are entitled to legal representation at the formal hearing, unless they state in writing that they do not wish counsel. Representation may be provided by the PEB appointed military counsel who must be a judge advocate; another military counsel of the member's choice, if reasonably available to perform such duties; or civilian counsel of the member's choice at member's expense. When members have other military or civilian counsel, the PEB appointed military counsel may assist the preparation and presentation of the case if the member so desires.

a. Responsibilities and Duties of the Appointed Military Counsel. The PEB military counsel is appointed for the express purpose of safeguarding the legal rights of the member and presenting his or her case to the board. Counsel must be at all open sessions of the hearing, unless excused in writing by the member. Duties and

responsibilities include:

(1) Legal Help. Advise member of rights, options, and formal hearing rules.

(2) Case Preparation. Preparing or assisting member in the presentation of case to the PEB.

(3) Evidence. Obtaining sworn statements or other evidence in support of the member's position. If additional medical evidence is presented, it must not be labeled as an "addendum" to prior medical records but as "additional medical evidence."

(4) Witnesses. Examining and cross-examining witnesses as appropriate.

(5) Arguments. Submitting oral or written arguments, as appropriate.

(6) Counseling. Counseling the member (or NOK) on the PEB's findings and recommended disposition.

(7) Rebuttal. Preparing or assisting in the presentation of rebuttal when requested.

(8) Special Cases. In mentally incompetent, absentee, or cases where knowledge of condition would be harmful to the member, serves as counsel when NOK (or guardian) fails to reply or designate a counsel, or when the member fails to appear. A statement of the circumstances will be made a part of the record. The PEB will not consider the case in the absence of the regularly appointed military counsel (or other designated counsel) or NOK, if the NOK has elected to appear.

b. Waiver of Formal Hearing After Arrival at the Formal Board. After the member has traveled to Lackland AFB TX for a requested formal hearing, that hearing may be waived only in extremely unusual circumstances. The member must request waiver, in writing, stating the reasons and indicating that he or she now concurs with the informal PEB. The member must also sign a statement of understanding acknowledging that, if the waiver is approved, he or she has no further right to demand a formal hearing without substantial new evidence. The PEB president may approve such waivers when he or she believes approval to be in the best interest of all concerned. This authority applies only to formal hearings which were scheduled at the request of the member. Formal hearings directed under the provisions of paragraph 3-15d may not be waived under any circumstances.

c. Other Designated Military or Civilian Counsel. When the member (or NOK) designates other military or civilian counsel, such counsel may assume the duties and responsibilities outlined in a above. The designated counsel or member may request the assistance of the regularly appointed military counsel in preparing and presenting the

case of the PEB. The PEB president or the regularly appointed military counsel will advise the designated counsel of formal hearing procedures before the PEB convenes.

3-21. Formal Hearing Format. The formal PEB hearing is not an adversarial hearing but is an administrative hearing and thus need not follow a strict format. It proceeds in a relaxed atmosphere under the direction of the president. However, to make sure that every case will withstand later reviews as well as future claims or legal action, the conduct of the formal PEB hearing should generally follow the format in attachment 3.

3-22. Right To Challenge. The right to a full and fair hearing before an impartial board includes the right to challenge individual board members for cause. Only one member may be challenged at a time. Peremptory challenges are not authorized and will not be entertained. Challenges are considered and voted on by the board in a closed session where the challenged member is not present. A unanimous vote is required to deny a challenge. A tie vote disqualifies the challenged member. When a challenge reduces the board below the required three members, an alternate is called by the PEB president or personnel member.

3-23. Administering Oaths. All participants in the hearing must be sworn.

a. The oaths in b below must be administered to each permanent board member, alternate member, reporter, interpreter, and recorder before the first formal hearing in which they take part. When an electrical recording device is used, the oath must also be administered to the person responsible for transcription. The oath need not be repeated at each hearing, but the record (transcript) must show that these individuals have been sworn and are still under that oath. Members who wish to testify under oath and witness must be sworn at each hearing. If the form of affirmation is used, the closing sentence is omitted.

b. The president or the junior nonmedical voting member administers the oath in the form set out below:

(1) Permanent or alternate members of the board:

"I (member's name) do swear (or affirm) that I will honestly and impartially discharge my duties as a member of this board in the matters placed before me. So help me God."

(2) The reporter:

"I (reporter's name) do swear (or affirm) that I will faithfully perform the duties as reporter to this board. So help me God."

(3) The interpreter:

"I (interpreter's name) do swear (or affirm) that I will truly and faithfully perform the duties of interpreter before the board. So help me God."

(4) The member or witness:

"I (witness or member's name) do swear (or affirm) that the evidence I will give in the case now in hearing will be the truth, the whole truth, and nothing but the truth. So help me God."

(5) The recorder (without vote):

"I (recorder's name) do swear (or affirm) that I will faithfully perform the duties of recorder (without vote) to this board. So help me God."

3-24. Documentary Evidence. Rules for the introduction of documentary evidence by the board are shown below:

a. **Submission and Inspection of Documentary Evidence.** Before any testimony is given, all assembled documents regarding the member are submitted to the board in open session. The member (or NOK) and counsel are given an opportunity to inspect all documents. The record, or transcript, of the hearing must show compliance with the above requirement. The introduction and inspection of other documentary evidence that may be obtained during a recess must also be reflected in the record.

b. **Depositions.** Depositions, taken according with 10 U.S.C. 849, may be admitted as evidence before continuing with the hearing. Their admission must be shown in the record.

3-25. Testimony. Rules for presenting testimony and submitting documentary evidence are as follows:

a. **Member's Rights.** The appointed military counsel must advise a member appearing before a formal PEB of his or her rights before the board convenes, and this fact must be shown in the record. If the member was not advised before the hearing, the PEB will recess while the member is counseled. When the member is absent, counsel may take the actions shown in (2) and (4) below in the member's behalf. The member has the right to:

(1) Testify as a witness, under oath, in his or her own behalf, in which case the member may be cross-examined as any other witness subject to the restrictions in b below.

(2) Introduce witnesses, sworn statements, documents, or other evidence, and cross-examine witnesses examined by the board.

(3) Make an oral or written unsworn statement, personally or through counsel, or both, without being subject to cross-examination.

(4) Make an oral argument or file a written argument, personally or through counsel, or both.

(5) Remain silent.

b. Restrictions. Neither the member nor member's counsel is required to make or sign any statement about the circumstances surrounding the origin, incurrence, or aggravation of any injury or disease the member may have. The member's failure to make any such statement or to answer questions may not be construed as implied admission of any sort. Any such statement by the member is invalid.

c. Witnesses. The board may call military witnesses whose presence is requested by the member or member's counsel. The witness must be reasonably available, and, in the opinion of the board, their testimony must be essential or contribute materially to the case. The criteria in Article 49: Uniform Code of Military Justice (UCMJ) (10 U.S.C. 849) are used in determining whether witnesses are reasonably available. The board may summon military witnesses considered necessary to complete its recommendations and to comply with the legal requirements of a full and fair hearing. Affidavits or depositions may be used to obtain testimony of witnesses who are not reasonably available. To ensure the attendance of a military witness, the PEB president asks the witness' commander to arrange for the witness to be present. Unless military witnesses desired by the member are considered to be reasonably available, expenses incurred in their attendance are the responsibility of the member. It is the responsibility of the member and the member's counsel to arrange for the attendance of a civilian witness appearing on behalf of the member. The member is not entitled to be reimbursed for expenses incurred in connection with the presence of civilian witnesses nor for expenses incurred in the taking of depositions.

3-26. Objections to Board Action. The member or counsel may object to any action taken or proposed by the PEB as well as to the admission of testimony or evidence. Objections are included in the record as part of the proceedings. The PEB president rules on objections, and the ruling is also included in the record. However, if any other PEB member does not agree with the president's ruling, the entire board will rule on the objection in a closed session. In these cases, the ruling is the decision of the majority of the board members and

is announced at the reopening of the hearing.

3-27. Recess and Continuance of a Formal Hearing. The PEB may recess and continue a hearing on its own motion. A hearing may also be recessed and continued at the request of the member or member's counsel, if the PEB determines that such action is in the best interest of both the member and the government. The record must show the date, time, and basis for any such delay.

3-28. Final Disposition by the PEB. On completion of the case presentation, the board is closed for deliberation. Only the voting members are present during closed sessions. When the voting members complete their deliberations, the board is reopened, and the board president announces the findings and recommended disposition of the board.

3-29. Actions by PEB and Member After Formal Hearing. After the hearing and announcement of (PEB) findings, the PEB president ensures that a copy of AF Forms 356 and 1180, plus a copy of the transcript, if required by g below, are given to the member, PEBLO, and counsel.

a. Time Limits. The member has 3 work days after receipt of AF Forms 356 and 1180 to either agree with PEB findings or disagree. If desired, the member may submit a written rebuttal giving reasons for disagreement. The PEB president may approve written requests for additional time.

b. Contents of Rebuttal. If the member disagrees with the findings and (or) recommended disposition of the PEB and desires to submit a rebuttal, it should include the specific items in disagreement, the reasons for the disagreement, and the desired finding and recommendation including the desired percentage of disability, if appropriate. The member or counsel may also include any other statements or documentation which may support the rebuttal. Documents entered as evidence during the formal hearing should not be resubmitted as part of the rebuttal.

c. Counseling by PEB Counsel or PEBLO. When members are at the PEB or near Lackland AFB TX, they are counseled in person by the appointed military counsel. The counsel signs the counseling part of AF Form 1180 and helps members to complete their part. If the member does not agree, the counsel, upon request, will help the member prepare rebuttal or will submit a rebuttal for the member. If the member is not at or near Lackland AFB TX but is at or near a

PEBRH, the PEB sends AF Forms 1180 and 356 with related documents to that PEBRH requesting that the PEBLO at that facility counsel the member. The PEB must furnish enough information to complete the necessary actions as well as any advice by counsel that may help the PEBLO in counseling the member. The PEBLO signs the AF Form 1180 and helps the member to complete his or her part of the form. If the member does not agree with PEB findings, the PEBLO will either help the member with the rebuttal or will assist the member in contacting the designated counsel for help in submitting a rebuttal. The PEBLO keeps one copy of AF Form 1180, gives the member a copy, and sends the original to the PEB with the rebuttal. When a member is not near a PEBRH, proceed as outlined in e below.

d. Counseling by Other Than PEB Counsel or PEBLO. At the discretion of the PEB president, when member is represented by other than the regularly appointed military counsel, AF Form 356 and 1180 are given to the member's designated counsel with instructions as to required action. The PEB president must make sure that both the member and the counsel act promptly. The counsel must:

- (1) Counsel the member on the results of the PEB.
- (2) Give the member a copy of AF Forms 356 and 1180 with copy of transcript, if required, and advise the member as to the options available.
- (3) Return the completed forms with rebuttal, if any, on time.

e. Counseling Under Unusual Circumstances. When the member is not at the PEB, near Lackland AFB TX, or near another PEBRH and has not been counseled, the PEB sends AF Forms 356 and 1180 to the member with a letter of instruction. This requests that the forms be completed and returned by a specified date with rebuttal, if any. The member must be advised that if a reply is not received by the specified date, processing of the case will continue without his or her response. The PEB will control the case to ensure all actions are completed on time. The PEB president may approve written request for added time.

f. Member Fails or Refuses To Reply or Make an Election. When the member fails or refuses to make a decision, to submit a rebuttal within the specified time limit, or submits a conditional concurrence, the PEB sends a written explanation of the circumstances with the case file to HQ AFMPC/DPMARD for final review and processing.

g. Transcript of Formal Hearing. The PEB makes a record of each formal hearing in the same or similar format as shown in attachment 3 (paragraph 3-21). The record quotes the proceedings more or less exactly but need vocalizations which do not constitute words (such as ahs and uhs) or speech impediments of persons other than the member whose case is being heard except when obviously made intentionally—as in an interjective—or when their reflection in the record is requested contemporaneously. Medical terminology is quoted verbatim. The transcript is typed in final form as soon as possible after the hearing. Participants who take exceptions to the record may express them in writing for attachment. In the absence of significant error as determined by the president, exceptions will not normally result in correction of the record. A copy of the record and attachments may be given to the member, NOK, or counsel on demand or at the discretion of the PEB president if furnishing a copy would be in the best interests of all concerned. It is the responsibility of the PEB president to ensure that each formal hearing is completed, and the record is typed, assembled, and forwarded to HQ AFMPC/DPMARD as quickly as possible.

h. Mentally Incompetent Cases and Cases Where Appearance Before the PEB Would Be Harmful to the Member. The designated counsel counsels the NOK (or guardian) and takes the actions outlined in this paragraph in the same manner prescribed for the member. If the NOK is unknown or cannot be found, the PEB counsel submits a written statement to that effect. The statement must include circumstances and cite any item from the transcript or case file that is considered important in the final review and evaluation of the case.

Section D—The PEB Findings and Recommendations

3-30. PEB Findings and Recommended Disposition. The voting members of the PEB are responsible for reviewing all the facts and circumstances in each case and announcing their findings and recommended disposition. The recommended disposition must be one of those listed in paragraph 3-48. Specific guidance concerning the findings and disposition is in this section. The findings and recommended disposition are recorded on AF Form 356, and figure 3-2 cross-references the items on the form with specific guidance in this section.

3-31. Returning Case Records to Medical Facility. HQ AFMPC/DPMARD may return the medical records and related documentation to the referring medical facility when the PEB (or PRC) needs more or corrected information to evaluate the member. All records returned must have a cover letter stating the reason for return and required actions. When the medical records are returned to the Disability Processing Branch (HQ AFMPC/DPMARD), they must also have a cover letter stating what was done and whether any documents have been added or changed. HQ AFMPC/DPMARD may send the records to a different facility for additional medical workup or a new MEB if the PEB determines such action is necessary to ensure a fair and impartial evaluation. In such cases, the letter from DPMARD will specify what action is required. Cases may be returned for any of the following reasons:

- a. More detailed or another physical examination or preparation of additional documents.
- b. Further information and description of defects.
- c. Further hospitalization or reconsideration by a MEB.
- d. Correction or explanation of apparent errors, omissions, or inconsistencies in the records or supporting documents.
- e. Noncompliance with governing directives; such as AFRs 35-67, 160-43, 168-4, and this regulation.

3-32. Recording PEB Findings and Recommended Disposition. Show the type of hearing, informal or formal, by entering an "X" in the appropriate block in the upper left corner of AF Form 356. Fill in the location of the PEB in item 1. The date in the upper right corner is the date the board convened. If the hearing recessed and reconvened, enter the date the hearing was finally closed. The name of each PEB member who evaluated the case is underlined on a copy of the appointment orders, and the copy is attached to AF Form 356, as noted in item 2. The exhibits considered by the PEB are noted in item 3 and follow exhibits A and B in the order outlined in table 3-4. The member's name and other identifying data are shown in items 4, 5, 6, and 7.

a. Signature. The AF Form 356, item 13, and section II of AF Form 1180 may be signed by any PEB representative; such as the PEB president, a PEB member who evaluated the case, or the recorder (without vote). AF Form 1180 may also be signed by a PEBLO, at the discretion of HQ AFMPC/DPMARD. When there is a minority

statement from a PEB member, the PEB president should sign the AF Form 356.

b. Distribution. AF Forms 356 and 1180 are distributed as shown in table 3-4. If the findings and recommended disposition show a substantial change from the findings of the medical board, the PEB or PRC directs HQ AFMPC/DPMARD to send a copy of AF Form 356, with an explanatory letter, to the referring medical facility for the commander and the medical board members to review. When the findings show that member was improperly retained on active duty, even though physically unfit or when some type of medical management or administrative followup appears to be in order, the PEB or PRC will direct HQ AFMPC/DPMARD to send copies of all or part of the case file and all available medical records through HQ AFMPC/SGM, Randolph AFB TX 78150-6001 to HQ USAF/SG, Bolling AFB Washington DC 20332-5000.

3-33. Physical Unfitness. The first and most important determination made by the PEB is whether the member is unfit. All other actions are directly or indirectly tied to this one finding. The PEB must determine whether a member being evaluated is physically unfit to perform the duties of his or her office or grade. The PEB records that determination in item 9A, AF Form 356. The PEB considers the following factors in determining physical unfitness:

a. Purpose of Disability Laws. The disability laws were enacted to maintain an able-bodied, fit military force that can perform active duty worldwide. The law is not to be used as a way to give tax "breaks" to members who have continued to draw pay and allowances, receive promotions, and so on, while tolerating physical defects or conditions that have not kept them from performing their duty.

b. Presumptions and Fitness. No member's case will be referred to a PEB unless an MEB or HQ AFMPC/SGM determines that the member's medical qualification for worldwide duty is in doubt. Continued satisfactory performance of duty in the 12 months before the scheduled retirement date or normal separation date creates a presumption that a member is fit. This presumption applies whether or not the member was referred to a PEB as a result of nondisability retirement or separation processing. The presumption of fitness may be overcome in the following circumstances:

- (1) When evidence clearly shows that the member was physically unable to perform the

duties of his or her office or grade and was improperly retained on active duty, or

(2) When acute or grave illness, severe injury, or other physical deterioration occurs just before, or at the same time as, a scheduled nondisability retirement, separation, or discharge causing the member to be physically unfit. A member placed in a Limited Assignment Status (LAS) under the provisions of chapter 6 is not presumed to be fit because of continued active duty. Fitness in such a case is determined on the evidence of record at the time of final PEB action, just before retirement or discharge.

c. Guidelines for Determining Unfitness.

Members are unfit when they are clearly unable to perform the duties of their office and grade in such a manner as to reasonably fulfill the purpose of their employment on active duty. A member is unfit for further military service when that member is not physically able to serve wherever there may be an Air Force need for his or her services. Paragraph h below outlines certain exceptions to this criterion. A member may be found unfit due to a single physical defect or condition or as a result of the combined effect of two or more defects or conditions. The mere presence of one or more physical defects or conditions does not, in itself, justify a finding of unfit. In each case, the combined effect of all physical defects and conditions must be considered in terms of their effect on the member's performance of duty and the Air Force's responsibility to maintain and protect the member during future duty assignments. Duty restrictions will not justify a finding of unfit; however, a history of medical restraints over a period of time may be used as evidence to support such a finding. Evidence used in making fitness determinations is not limited to clinical documentation and may include effectiveness reports or statements from supervisors. The final decision concerning the member's fitness for further military duty is made within the Office of the Secretary of the Air Force and is based on the findings and recommendations of the designated boards and councils within the Air Force disability evaluation system. None of these various agencies are bound by the opinions or recommendations of individual medical officers or board members. A finding of unfitness is not based on the member's:

- (1) Inability to meet the physical standards for initial entry into service, or
- (2) Pending voluntary or involuntary retirement, discharge, or release from active duty, or
- (3) Inability to meet the needs of the Air Force

for the member's special skills or to cross train into a needed specialty, or

(4) Inability to physically qualified for specialized duties requiring a high degree of physical fitness, or

(5) Inability to physically qualify for transfer to another service or another component within the Air Force.

(6) Inability to pass Air Force aerobic or physical conditioning testing.

d. Physical Disability. A physical disability is any manifest or latent impairment due to disease or injury which reduces or destroys a member's ability to engage in gainful or normal activity. A physical disability is not necessarily the same as "unfit because of physical defect or condition." The term physical disability includes mental disease but not such inherent defects as behavior disorders, personality disorders, or primary mental deficiency.

e. Ratable Physical Defects and Conditions. A ratable defect or condition is one which renders an individual unfit for military service or which contributes to the overall unfitness of the service member. A disability percentage rating of zero or more is assigned to each ratable defect or condition by using the Veterans' Administration Schedule for Rating Disabilities (VASRD or VA Schedule). There is no legal requirement to rate a physical condition which is not in itself considered disqualifying for military service when a member is found unfit because of another condition that is disqualifying. Only the unfitting conditions or defects and those which contribute to unfitness will be considered in arriving at the rated degree of incapacity warranting retirement or separation for disability. The ratable defects and conditions will be entered in item 8, AF Form 356. Any nonratable defects or conditions will be annotated on the AF Form 356 under the heading "Other diagnoses considered but not ratable."

f. Known Existed Prior to Service (EPTS) Defects or Conditions. A member will not normally be found unfit because of EPTS conditions that were revealed at the time of enlistment and have remained essentially the same in degree since acceptance for military service and which have not interfered with the member's performance of active service. If, however, based on accepted medical principles, the condition represents a decided medical risk prejudicial to the best interests of the government were the member to remain in the military service, separation without benefits may be appropriate.

g. Weight of Evidence. In evaluating the fitness of a member, each evaluating or reviewing agency must consider all available evidence. When disability evaluation is initiated immediately after an acute or grave illness or injury, the medical evidence may have tremendous weight, especially if it indicates that continued active duty would endanger the member's health or well-being. However, when a member's case is referred for disability evaluation under other circumstances, an evaluation of duty performance by the member's supervisors may have more weight than the medical report in identifying the member's actual ability to perform duty. Thus, when available evidence shows that the member satisfactorily performed the normal duties required up until the time of referral for disability evaluation, a fit determination may be appropriate. Medical evidence, however, may show that the member's physical disqualification to perform duty is questionable. Even though a member may have certain physical defects or conditions, poor performance of duty, by itself, may not be considered as conclusive evidence of physical unfitness unless there is a clear-cut cause-effect relationship between the clinical and performance factors.

h. Exceptions for "Restrictive But Not Unfitting Medical Conditions." As an exception to the usual unfitness determination for a member who is not qualified for worldwide service, some members with restrictive but not unfitting conditions may be found physically fit. The member must meet the criteria shown below and must be physically able to perform the duties of his or her office or grade without major restrictions. If the member does not meet one or more of these criteria, the finding should be unfit. For those found fit according to this paragraph, an assignment availability code, if appropriate, will be entered into personnel data system (PDS) by HQ AFMPC/SGM from information furnished by HQ AFMPC/DPMARD. The purpose of this code is to ensure that future assignments are to an area where required medication or treatment is available. Criteria for retention under this exception are:

- (1) **Stable Control.** Member's condition(s) must be well controlled.
- (2) **Medical Support.** Members must not require excessive medical treatment or monitoring.
- (3) **Established Career.** Members must have an established career. Established career is defined as total active federal military service (TAFMS) of more than 4 years without regard to enlisted or commissioned service. Exceptions may be made

in cases involving Air Force Academy and Health Professions Scholarship Program graduates because their completed period of extensive formal training constitutes establishment of a career. Exceptions should not be made for recent Reserve Officer Training Corps Scholarship, undergraduate pilot training, undergraduate navigator training, Air Force Institute of Technology, and technical school graduates unless their TAFMS otherwise exceeds 4 years.

3-34. Categorizing Defects and Conditions.

After a member has been found to be unfit because of physical disability, the PEB must categorize each ratable defect or condition as unfitting or contributory and enter each diagnosis on AF Form 356, item 8A. An unfitting defect or condition is one which, standing alone, makes the member unfit. Unfitting defects or conditions are indicated by a "yes" in item 8B of the AF Form 356. Any other ratable defect or condition which, standing alone, would not make the member unfit is contributory and is shown by a "no" in item 8B.

3-35. Special Instructions for Physically Fit Cases.

When the PEB finds a member fit, only the following entries are made on the AF Form 356:

- a. Item 8A. List defects and conditions (diagnoses).
- b. Item 9A. Place an "X" in the "No" block.
- c. Item 10. Enter "NA."
- d. Item 11. Enter "Return to Duty" or for members on the TDRL, enter "Removal from TDRL, (Fit)."

3-36. Line of Duty (LOD) Findings. For each ratable defect or condition, the PEB must make a finding as to whether the defect or condition was incurred as a result of the member's intentional misconduct or willful neglect, during a period of absence without leave (AWOL), or while in an excess leave status. The PEB's decision is indicated by a "No", "M", "N", "A", or "X" in item 8C on the AF Form 356. Evidence is required to support anything other than a "No" entry. This evidence may include, but is not limited to, medical documentation, documents verifying a period of unauthorized absence, or a completed LOD determination.

- a. **LOD Presumptions.** The law presumes that any injury or disease was incurred in the line of duty unless there is substantial evidence that the disability was caused by the member's intentional misconduct or willful neglect or that it was incurred

during a period of unauthorized absence. In the absence of substantial convincing proof, any reasonable doubt must be resolved in favor of the member.

b. LOD Determinations. AFR 35-67 identifies three types of LOD determinations: informal, formal, and administrative. The type of determination required in each case depends on the circumstances of that particular case. LOD determinations are material evidence considered by the PEB in making their findings and recommended disposition. The PEB cannot properly adjudicate a case until the requirements of AFR 35-67 have been met, and the completed LOD determination, if required, is included in the case file. The PEB will direct the referring medical facility to initiate an LOD determination according to AFR 35-67 before proceeding or continuing with the evaluation process, under the following conditions:

(1) When there is reasonable doubt as to the correctness of the administrative LOD determination as shown on the AF Form 618, Medical Board Report; and

(2) There is no existing informal or formal LOD determination in the member's case file; and

(3) There is insufficient evidence from which the PEB may make its own independent LOD determination.

c. Administrative LOD Determinations. The entries on AF Form 618 constitute administrative LOD determinations under AFR 35-67.

d. Recommended Changes in LOD Determinations. Only the Secretary of the Air Force or designated representative has the authority to reverse LOD determinations made under AFR 35-67. Any recommended change must be clearly supported by evidence of record in the case file and by a summary prepared by the PEB, PRC, or AF Personnel Board.

e. Absence Without Leave (AWOL). A member who incurs an unfitting defect or condition during a period of unauthorized absence or AWOL is not entitled to disability benefits under 10 U.S.C., chapter 61, for that defect or condition. In cases involving a member who was AWOL, the record must contain enough evidence to support a finding that the disability was incurred during a period of unauthorized absence. In addition to pertinent medical records, supporting evidence may include court-martial orders, duty status reports, line of duty reports, or other documents that verify the exact period of unauthorized absence. In these cases, the correct entry in item 8C of the AF Form 356 is "A".

3-37. When Incurred. The PEB determines when each ratable defect or condition was incurred. The PEB records these findings by entering "Yes", "NO", or "NA" in item 8D on AF Form 356. The date when a defect was incurred is not the date the member was medically evaluated or determined to be physically unfit. Rather, it is the date or approximate date when, according to established medical principles, it is reasonable to assume that the disease, physical defect, condition, or injury was or may have been incurred.

a. Entitled to Basic Pay. For all Regular and non-Regular members on EAD, the PEB must determine whether each ratable defect was incurred while the member was entitled to basic pay. The PEB also makes this determination for non-Regular members on active duty for more than 30 days or on active duty under orders that do not specify active duty for 30 days or less. The PEB then enters "Yes" or "No" in item 8D of AF Form 356. This determination is not required in the case of a non-Regular member on active duty for 30 days or less or on inactive duty training, and the entry in item 8D and 9B of AF Form 356 is "NA" in those cases. The Comptroller General of the United States, in his decision B-205953, dated June 18, 1982, has ruled that a member in excess leave status is not entitled to basic pay and, therefore, is not entitled to any disability benefits under the provisions of Title 10, U.S.C. chapter 61. For such a case, the correct entry in item 8D is "No". The entry on AF Form 356, item 9B, is the same as the entry in item 8D.

b. Service Incurred Defects. A member is presumed to have been in sound physical and mental condition on entering military service except for defects or conditions noted and recorded at time of entry. Any physical defect or condition, including disease or injury, discovered after the member enters active service is presumed to have been incurred while entitled to receive basic pay. The defect or condition is considered service incurred unless there is reasonable basis to believe it existed prior to service or developed while member was AWOL or in an excess leave status.

c. Evidence and Reasonable Doubt. Presumptions concerning service incurrence may be overcome only by a preponderance of evidence, not by personal opinion, speculation, or conjecture. When there is reasonable doubt, the PEB must try to resolve the doubt on the basis of further clinical investigation, observation, and other available evidence. In the absence of proof that a physical defect or condition was not service-incurred, reasonable doubt will be resolved in favor

of the member.

d. Acute Conditions. Acute conditions occurring during active service will be regarded as service incurred or service aggravated unless the preponderance of evidence indicates there was no permanent increase in disability during active service. These conditions include acute infections such as pneumonia, active rheumatic fever, acute pleurisy, or acute ear disease as well as diseases developing suddenly like hemoptysis, lung collapse, perforating ulcer, decompensating heart disease, coronary occlusion, thrombosis, or cerebral hemorrhage.

e. Conditions That Existed Prior to Service (EPTS). There are certain abnormalities and residual physical defects or conditions which, when found, require the conclusion that they must have existed before entry into military service or, if applicable, during a break in service or during a period of inactive service. Examples of these defects or conditions are scars, fibrosis of the lungs, atrophy following disease of the central or peripheral nervous system, skull fractures, absent, displaced or resected organs, supernumerary parts, and congenital malformations. EPTS conditions also include those defects or conditions concerning which medical authorities are in such consistent and universal agreement as to their cause and time of origin that no additional confirmation is needed to support the conclusion of existence before military service. This also applies to cases involving manifestation of lesions or symptoms of chronic disease from the date of entry or so close to that date that the disease could not have originated in so short a period. Conditions of infectious origin are also to be considered with regard to circumstances of infection and the incubation period. The appearance of a disease within less than the minimum incubation period after entry into service will be accepted as proof that the inception was actually EPTS. A physical defect or condition may also be deemed EPTS if it was documented by competent civilian medical or dental sources before entry into service, and the record has been made available to military medical authorities. The physical defect or condition must be of such a nature that, by a preponderance of evidence, it must have existed before entry into service, or objective evidence of the defect, condition, or symptoms was noted on the service entrance examination. The PEB will enter a statement indicating that they determined a physical defect or condition to have existed before entry into service in item 8A on AF Form 356. The PEB will also identify the degree or service aggravation for each EPTS condition. The entry in items 8D

and 9B on AF Form 356 is "No" unless there was service aggravation of the EPTS condition; then the entry is "Yes."

f. Service Aggravation of EPTS Defects or Condition. When the PEB determines that a physical defect or condition had its start before entry into the service, they must then further determine whether the defect or condition was aggravated by military service. Any permanent increase in disability caused by the preexisting condition which occurs after the member entered in military service will be presumed to have been caused by service aggravation. Only specific findings of "natural progress" of the preexisting defect or condition, based on well established medical principles as distinguished from medical opinion alone, will overcome the presumption of service aggravation.

g. Medical Conditions Existing Prior to Service (EPTS). Carefully scrutinize each case where surgery is contemplated for the correction or repair of an EPTS condition. The existence of a defect is not per se a sufficient reason for surgical procedures in EPTS conditions. Under ordinary circumstances, do not correct an EPTS condition if it does not interfere with the individual's ability to perform full duty. If the condition is likely to be aggravated by performance of military service, the probable result of the required treatment must be evaluated by a Medical Board to determine the probability of success of the proposed procedure. Unless complete restoration to duty is considered likely, do not render treatment and recommend the member for separation from the Air Force. Perform surgical procedures for EPTS conditions only to save life, limb, or to prevent undue suffering. Surgical correction of EPTS dentofacial deformities by procedures characterized by uniformly good results, low complication, and morbidity rate, and minimal off duty time is permitted if an EPTS Surgical Board concurs.

h. Conditions Incurred During a Period of Excess Leave. The guidelines outlined in paragraphs e, f and g above will apply when determining whether a physical defect or condition was incurred while a member was in an excess leave status and whether that condition has been service-aggravated. AFR 35-9 defines excess leave and describes situations under which it may be granted.

i. Accepted Medical Principles. These are fundamental deductions, consistent with medical facts, which are so reasonable and logical as to create a virtual certainty that they are correct.

3-38. Incurred in Time of War or National Emergency. The United States was in a state of either war or national emergency during the entire period from 1939 to 1978 (paragraph 3-43b). The national emergency proclaimed by the President on 10 December 1950 ended on 14 September 1978. Title 10 U.S.C. chapter 61 provides that a member may be disability retired or separated if the unfitting condition was incurred "in line of duty in time of war or national emergency" or "in line of duty after September 14 1978".

a. Required. Except as in b below, a determination is required for all Regular members and all non-Regular members serving on EAD or active duty for more than 30 days or under orders that do not specify a period of 30 days or less. The entry on AF Form 356, item 9H, is "Yes" or "No", as applicable.

b. Not Required. The decision is not required for Regular or non-Regular members with 20 or more years of active service, non-Regular members on active duty for 30 days or less, or non-Regular who are performing active or inactive duty training. The decision is also not required for those members whose condition existed prior to service and has not been aggravated by active service. The entry on AF Form 356, item 9H, in these cases is "NA".

3-39. Periods of Service. One factor used in determining entitlement to disability benefits is the amount of service completed. The PEB makes this determination under 10 U.S.C. 1208.

(a) Twenty Years. If member has completed 20 or more years of service, the entry in item 9E of AF Form 356 is "Yes"; otherwise "No."

(b) Eight Years. For non-Regular members on active duty for 30 days or less or performing active or inactive duty training and for members who have completed 20 or more years of active service, the entry on AF Form 356, item 9F, is "NA". For all other members, the entry will be "Yes" when the member has completed at least 8 years of active service but less than 20 years and "No" when the member has completed less than 8 years of service.

3-40. Proximate Result. In cases involving non-Regular members serving on active duty for 30 days or less or performing active or inactive duty training, the PEB determines whether the disability was the proximate result of performing such duties. The proximate result determination must be based on the facts and circumstances in each case and there must be some definite causal relationship between the disability and the required military

duty. Any doubt as to whether the disability was the proximate result of required military duty should be resolved in favor of the member unless there is clear and convincing evidence that the presumption of proximate result is unreasonable. A proximate result determination is not required for Regular members or non-Regular members serving on extended active duty or active duty for more than 30 days. The PEB will annotate the AF Form 356, items 8E and 9G, as follows:

a. Non-Regular Members. For those serving on active duty for 30 days or less or performing active or inactive duty training, enter "Yes" or "No", as appropriate, in items 8E and 9G to record the PEB determination. For those serving on EAD or active duty for more than 30 days, enter "NA" in items 8E and 9G.

b. Regular Members. Enter "NA" in items 8E and 9G.

3-41. Permanence of Impairment. For each ratable defect or condition listed in item 8A of the AF Form 356, the PEB must determine if the degree of impairment caused by the defect or condition is permanent or if it may be permanent. Based on their determination, the PEB makes the appropriate entry in item 8F of the AF Form 356; "Yes" if the impairment is permanent and "No" if the impairment may be permanent. The entry in item 9C should correlate with the entry in item 8F. The following criteria provide general guidelines for making this determination:

a. The impairment will be considered permanent when the PEB determines the disability has stabilized, and the compensable disability rating is not likely to change for a reasonable period of time (usually the 5 year statutory TDRL period or the remainder of that period, for those already on TDRL). A finding of "is permanent" is also appropriate when the disability is rated at 80 percent or more and is not likely to drop below that rating for a reasonable period of time.

b. If the PEB determines the disability has not stabilized and is of such a nature that an accurate assessment cannot be made concerning the ultimate extent of impairment and appropriate disposition, then a finding of "may be permanent" is appropriate.

3-42. Percent of Disability and VA Diagnostic Codes. In all cases where the member is found unfit, the PEB assigns a disability percentage rating and VA Code, as outlined in the VA Schedule, to each ratable defect or condition shown on AF Form 356, item 8A. The percent of disability is

entered in item 8G followed in item 8H by the VA Code that describes the defect or condition. The percent of disability is entered without regard to LAS or the final disposition. Hyphenated VA Codes may be used only when authorized by the VA Schedule or this regulation. Special guidance concerning Air Force use of the VA Schedule, as well as modifications and exceptions to it, are in attachment 2.

3-43. Armed Conflict and Instrumentality of War. This determination does not in any way affect the final recommended disposition. However, it may entitle the retired member to certain tax and VA benefits, special considerations if later employed by the United States government, and, if a Regular officer, exemption from the requirement to forfeit a part of military retired pay. The PEB uses the criteria in a and b below to make this determination and enters "Yes" or "No", as appropriate, in item 9I of AF Form 356. A summary statement is required if a "Yes" entry is shown.

a. Armed Conflict. This determination is made only when the physical defect or condition was incurred in line of duty as a direct result of armed conflict and that defect or condition, standing alone, makes the member unfit. In making this determination, the PEB must consider that:

(1) The mere presence in the area of armed conflict is not sufficient to support this finding. There must be a definite causal relationship between the armed conflict and the resulting unfitting disability.

(2) Armed conflict may include war, expedition, occupation of an area or territory, battle, skirmish, raid, invasion, rebellion, insurrection, guerilla action, riot, or any other action in which USAF military personnel are engaged with a hostile or belligerent nation, faction, or force.

(3) Armed conflict may also include such situations as incidents involving a member while interned as a prisoner of war or while detained against his or her will in the custody of a hostile or belligerent force or while escaping or attempting to escape from such confinement, prisoner of war, or detained status.

b. Instrumentality of War. This determination is made only when the physical defect or condition was caused by an instrumentality of war and was incurred in line of duty during a period of war and that defect or condition, standing alone, makes the member unfit. Periods of war, as defined in 38 U.S.C. 101 and 301, are shown below:

(1) World War II:

(a) The period beginning on 7 December 1941 and ending on 31 December 1946.

(b) Any period of continuous service performed after 31 December 1946 and before 26 July 1947, if such period began before 1 January 1947.

(2) Korean Conflict. The period beginning on 27 June 1950 and ending on 31 January 1955.

(3) Vietnam Era. The period beginning 5 August 1964 and ending on 7 May 1975.

3-44. Determinations for Tax Benefits. Members who entered the military service on or after 25 September 1975 and who retire for physical disability are not eligible to exempt their retired pay from their gross income for tax purposes. **EXCEPTION:** the PEB determines one of their unfitting defects or conditions, standing alone, was the direct result of a combat-related injury. Determinations under this paragraph do not affect the final recommended disposition in any way but are required by law. In all cases, the disability must have been incurred in line of duty, the member must have been under orders (verbal or written) to perform duty, and there must be a definite causal relationship between the required duty and the disability. Guidelines for making this determination are as follows:

a. Service. Where the records show a total federal military service date (TFMSD) or pay date of 25 September 1975 or later, HQ AFMPC/DPMARD reviews the member's master personnel record group (MPerRGp) and verifies the actual date of entry into military service. That date is the actual date of entry into a Regular or Reserve component in any of the uniformed services of the United States or the date of a binding written agreement to enter such service. If the member entered military service on or after 25 September 1975, item 9J of the AF Form 356 is marked "Yes", and the PEB must make a combat-related injury determination.

b. Combat-Related. When the member entered the military service on or after 25 September 1975, the PEB must determine whether the disability was the direct result of a combat-related injury and show this by a "Yes" or "No" in item 9K of the AF Form 356. In all other cases, AF Form 356 is marked "No" in items 9J and "NA" in item 9K. The disability will be deemed combat-related if it was the result of personal injury or disease incurred under any of the circumstances below:

(1) Armed Conflict. Criteria same as paragraph 3-43.

(2) **Extra Hazardous Service.** Assignment to a military occupation entitling the member to hazardous duty pay, such as parachute, flight deck, demolition, experimental stress, or leprosarium duty. Flight duty may be included if it involves other than routine training flights and there is enough evidence of record to show that an extremely hazardous duty factor was present.

(3) **Conditions Simulating War.** This is so broad that it could conceivably include any disability resulting from military training, such as war games, practice alerts, or riot control training. It would not include activities like calisthenics and supervised sports which are not essentially military in nature.

(4) **Instrumentality of War.** Criteria is substantially the same as outlined in paragraph 3-43. In these cases, the law does not require that the disability be incurred during a period of war. Consequently, the PEB may make a favorable determination if the disability was incurred during any period of service as a result of such diverse causes as wounds caused by a military weapon, accidents involving a military combat vehicle, injury or sickness caused by fumes, gases, or explosion of military ordnance, vehicles, or material.

c. TDRL Reexamination Cases. The initial combat-related determination is valid and continues to be entered on AF Form 356 at each reexamination until final disposition is made. When the member is removed from the TDRL and permanently retired or separated for disability, the PEB makes a new determination to ensure that the combat-related finding still pertains to an unfitting defect or condition.

d. Retirement Orders. To record the information required by tax laws for each member who entered active duty on or after 25 September 1975, AF Form 2653, Retirement Special Order - Physically Unfit must be annotated in items 15 and 16.

e. VA Disability Compensation. As an alternative to the tax benefits outlined above, the member may exclude from gross income either the amount of retired pay attributed to combat-related injuries or the amount of disability compensation the member could receive from the VA, whichever is greater. This is regardless of whether the member applies to the VA for such disability compensation. The tax laws do not require the Air Force to make a determination as to the probable VA disability compensation. The member being retired for disability retirement who entered the service on or after 25 September 1975 will be advised by the

PEBLO of this provision of law and given a rough estimate of probable VA disability compensation.

3-45. Categorizing Ratable Defects or Conditions. To determine eligibility for disability benefits, the PEB categorizes each ratable defect or condition as to compensable or noncompensable and lists them on AF Form 356, Item 8, as follows:

a. Noncompensable Defects or Conditions. Those defects or conditions that resulted from the member's intentional misconduct or willful neglect and those that were incurred during a period of AWOL are noncompensable. EPTS conditions without service aggravation and those conditions incurred while in an excess leave status are also noncompensable.

b. Compensable Defects or Conditions. Any ratable defect or condition which is not specifically deemed noncompensable is compensable.

c. Recording Compensable and Noncompensable Defects and Conditions. When there is more than one defect or condition, each one is numbered and listed in sequence as follows:

(1) Compensable defects or conditions are listed first, in descending order of severity by percent of disability.

(2) Noncompensable defects or conditions are listed immediately below the compensable, also in descending order of severity by the percent of disability.

d. Eligibility for Disability Benefits. Unfit members are entitled to disability benefits when they have only compensable defects or conditions. Where there are both compensable and noncompensable defects or conditions, eligibility is determined as follows:

(1) **Eligible.** When one of the compensable defects or conditions, standing alone, is unfitting or when a combination of two or more compensable defects is unfitting, the member is eligible for disability benefits.

(2) **Not Eligible.** When the defects or conditions which render a member unfit are noncompensable, the member is not eligible for disability benefits.

e. Combined Compensable Rating. After the ratable defects and conditions have been categorized and the PEB has determined that the member is eligible for disability benefits, the percentage ratings of each defect or condition will be combined as outlined in table 1 of the VA Schedule and table 3-1 and attachment 2 of this regulation. This combined rating is recorded in item 8G, AF Form 356. If there are any additions

to or deductions from this combined rating figure, such as a bilateral or EPTS factor, they are reflected in item 8 of AF Form 356. The final combined rating is converted to the nearest whole number divisible by 10 and entered in item 10 of AF Form 356. If the member is not eligible for disability benefits, the disability percent is combined as above; however, the combined compensable rating is recorded as "NA" in items 8G and 10 of AF Form 356.

3-46. Permanence of Disability. After making the determinations required by paragraphs 3-33 through 3-45, the PEB decides if the overall unfitting effect of all the ratable conditions is permanent or may be permanent, "Yes" for "is permanent" or a "No" for "may be permanent" is annotated in item 9C of AF Form 356. This decision depends upon the findings recorded in item 8F and basic criteria (paragraph 3-41).

3-47. Use of the TDRL. When the PEB determines that the disability may be permanent and the member is otherwise qualified for disability retirement (tables 3-2 and 3-3), then placement on the TDRL is the appropriate disposition. The TDRL provides a means for further observation of unfit members whose disability has not stabilized and where accurate assessment cannot be made concerning the degree of severity, percent of disability, or ultimate disposition. This list serves as a safeguard for both the member and the Air Force by delaying permanent disposition for those members whose conditions could improve or get worse or where the ultimate disposition could change within a reasonable period of time. When explanatory terminology is used on AF Form 356 to support this finding, the PEB must avoid vague phrases such as "prognosis uncertain" or "requires further evaluation". Instead use more definite terms such as "requires further observation for a period in excess of 1 year" or "prognosis guarded-observe for about 15 months".

3-48. Recommended Disposition. After making the determinations (paragraphs 3-33 through 3-47) and matching them with the legal requirements (tables 3-2 and 3-3), the PEB determines the appropriate disposition and enters it as their recommendation in item 11 of the AF Form 356. The recommended disposition is limited to one of the following:

a. Return to Duty. Applies to all members who are found physically fit except:

(1) TDRL members use "Removal From

TDRL (Fit)."

(2) Retired Members on active duty use "Revert Without Disability Benefits."

b. Permanent Retirement.

c. TDRL. Use criteria contained in paragraph 3-47.

d. Discharge With Severance Pay.

e. Discharge Under Other Than Title 10 U.S.C., Chapter 61.

(1) When the member's disability was EPTS and not aggravated by service, use "Discharge Under Other Than Chapter 61, Title 10 U.S.C. (EPTS)."

(2) When the member's disability was incurred while in an excess leave status, use "Discharge Under Other Than Chapter 61, Title 10 U.S.C. (Excess Leave)."

f. Discharge Under 10 U.S.C. 1207. Use only when the member is unfit and the disability is due to intentional misconduct, willful neglect, or was incurred during a period of unauthorized absence.

g. Removal From TDRL (Fit). Use only for TDRL members found fit and being removed from the TDRL.

h. Retain on TDRL. Use only for unfit TDRL members retained on that list.

i. Revert With Disability Benefits:

(1) Retired members on active duty, except as shown in (2) below, this recommended disposition is used for an unfit retired member serving on active duty who is reverting to the retired list with disability benefits.

(2) Exception. For unfit members previously retired for years of service or age, the compensable percent of disability must be 30 or more to receive disability benefits (10 U.S.C. 1402 (b)). Otherwise the member reverts to the retired list without disability benefits.

j. Revert Without Disability Benefits. Use only for a retired member serving on AD who is reverting to the retired list without disability benefits.

3-49. Summary Statements. The PEB president may prepare a summary statement for any case. This statement will explain or clarify board findings or where the basis for action is not obvious from the documents or testimony in the records. A summary statement should also be used when it clarifies the case or aids subsequent boards or councils in their evaluation and review of the case. The date, type of hearing, and the location of the PEB is shown on each summary statement. Matters of opinion may be included if they are clearly

identified as such. A copy of the summary statement is attached to the PEB findings and given to the member (or NOK) before he or she is asked to agree or disagree with the board's action. Summary statements are required in the following circumstances:

- a. The true physical condition of the member may be more clearly explained.
- b. The less obvious of two or more possible VA codes was used.
- c. The percentage rating or recommended disposition varies from that which would appear appropriate.
- d. Personal impressions created by the appearance of the member are at variance with documentary evidence in the case file.
- e. The member has been on flying status or receiving flight pay within the 12-month period immediately before PEB evaluation and is found to be unfit.
- f. The member's active duty status is scheduled to end for any of the following reasons within the 12-month period immediately after the PEB evaluation and the member is found unfit.
 - (1) Mandatory or voluntary service retirement.
 - (2) Nondisability separation or release from active duty for any reason.
- g. Member is unfit because of defects or conditions known before evaluation or were identified during last periodic physical examination but were not previously found disqualifying or unfitting for continued active duty.
- h. PEB finds member unfit based on aggregate effect of two or more defects or conditions even though no one of them, standing alone, would cause unfitness.
- i. Future review of the case may be helped by adding a summary statement.
- j. PEB finds member unfit and at least one of the unfitting defects or conditions, standing alone, is the direct result of armed conflict or caused by an instrumentality of war.
- k. PEB recommends a change in an LOD finding whether favorable or unfavorable to the member.

3-50. Minority Reports. Any member of a PEB may prepare a signed minority report for any case in which he or she is involved as a voting member. The report must include the reasons for disagreement with the majority report. A minority report may include personal opinions but must identify them as such. The type of hearing, the date, and location of the PEB is shown on each minority

report. A copy is attached to each set of the PEB findings and is given to the member (or NOK) before he or she is asked to agree or disagree with the PEB action.

3-51. Further Hospitalization After PEB Action. When an unfit member requires further hospital care after PEB action, the PEB must enter "Yes" in item 12 of the AF Form 356. If the hospitalization will be in other than a military facility, HQ AFMPC/DPMARD ensures that a "bed designation" has been requested by the referring medical facility and that a copy of the request is in the case file. The PEB will put a "No" in item 11 of the AF Form 356 in all other cases. This entry is not intended to imply that the member will never have to be hospitalized in the future for the condition being evaluated. A "No" entry indicates only that the member was not hospitalized at the time of the evaluation or, if hospitalized, there is no anticipated requirement for hospitalization after the member's disability retirement or separation.

3-52. Assembly and Disposition of the PEB Case File. Instructions for assembling the case, marking exhibits, and disposition of the case file are shown in table 3-4. The completed case file is considered to be "For Official Use Only" and AFRs 12-30 and 12-35 apply.

Section E—Counseling for the Member Being Evaluated

3-53. The Purpose of Counseling. To ensure that all members receive the benefit of a full and fair hearing as required by law, the PEBLO counsels them on two occasions. A member is advised when the case enters the disability evaluation system at the referring facility and again after completion of the PEB action. This counseling is conducted as outlined in this chapter. When a member requests a formal hearing, he or she is first counseled by the PEBLO at the referring facility, then by the appointed military counsel before and after the hearing. The purpose of this counseling is to ensure that the member (or NOK) fully understands the disability evaluation process. The counseling will vary depending on the circumstances in each case. Counseling on information contained in paragraphs 3-54 through 3-74 will usually answer most of the questions. However, the PEBLO or PEB counsel should contact HQ AFMPC/DPMARD if more help is needed.

3-54. Counseling Materials. The PEBLO and the PEB counsel must have ready access to copies of this regulation, as well as copies of AFRs 160-43 and 168-4, AFP 211-34, and the VA Schedule. The member, NOK, or other designated counsel must also have access to these directives while the member's case is being processed. The PEBLO and the PEB counsel must have access to other Air Force directives, the Joint Travel Regulations (JTR) and the Manual for Courts-Martial (MCM), and any other materials that may be helpful in counseling the member.

3-55. AFP 211-34, Disability Separation. The PEBLO at the referring medical facility gives a copy of this pamphlet (when available) to each member (or NOK). This pamphlet is prepared by DOD and not only covers the various steps in the disability evaluation system but also gives valuable information on benefits which may accrue to the members or their survivors as a result of disability retirement or discharge. If handout copies are not available, the PEBLO must ensure that each member is thoroughly counseled on items covered in the pamphlet.

3-56. VA Schedule for Rating Disabilities. The PEBLO and each PEB counsel must have a copy of the VA Schedule for use in counseling members on the findings and recommended disposition of the PEB. The member may refer to specific parts of the VA Schedule for an explanation of the percentage rating for each defect or condition listed on the AF Form 356. The president of the formal PEB or the appointed military counsel must provide the member, NOK, or designated counsel access to the VA Schedule while the member's case is being processed. PEBLOs at one-time PEBRHs must contact HQ AFMPC/DPMARD for information from the VA Schedule. HQ AFMPC/DPMARD will send copies of the pages from the VA Schedule that pertain to the member's ratable defects or conditions or arrange for a temporary loan of a VA Schedule if the medical facility is a frequent one-time referral hospital.

3-57. Specific Findings and Recommendations. The PEBLO or PEB counsel will counsel the member (or NOK) as to the percentage of disability for each physical defect or condition rated by the PEB, the combined compensable rating, and the recommended disposition. The counselor must also explain the effect that the recommended disposition may have on the

member's military status. If the recommended disposition is permanent disability retirement or placement on the TDRL, the benefits and privileges that go with retired status will be outlined. If placement on TDRL is recommended, the counselor will also explain the legal requirement for periodic examinations as well as the possibility of final disposition anytime during the 5-year period on the TDRL. If the recommended disposition is discharge, the complete termination of military status and loss of entitlement to Air Force benefits must be explained.

3-58. Grade Determination. Members are usually retired or discharged by reason of physical disability in the grade in which they are serving on active duty. If they have satisfactorily served on active duty in a higher grade, or are Regular Air Force enlisted members, or Reserve component officers holding a valid appointment in a higher non-Regular (USAF Reserve) commissioned grade, they may be eligible for retirement or disability severance pay in the higher grade. This determination is made within the Office of the Secretary of the Air Force and announced in retirement orders or discharge instructions prepared by HQ AFMPC/DPMARD.

3-59. PRC and SAF/MIPC Review. The PEBLO or PEB counsel must advise member that after completion of PEB action, HQ AFMPC/DPMARD refers the case to the PRC for review. The counselor advises the member that the PRC is authorized to recommend changes to the findings and recommended disposition to something less favorable. HQ AFMPC/DPMARD will send the revised recommended findings (RRF) to the member for review and comment. The PEBLO or PEB counsel will advise the member of legal rights, available options, and actions required. The counselor will also explain that the final review is made within the Office of the Secretary of the Air Force and that SAF/MIPC acting for the Secretary will direct the final disposition in the case. SAF/MIPC may make changes in the PEB or PRC recommendation and, if the change is adverse to the member, HQ AFMPC/DPMARD will refer the RRF to the member for review and comment. SAF/MIPC's directed disposition is announced in retirement orders or other disposition instructions.

3-60. VA Benefits. The PEBLO or PEB counsel must advise member of the right to apply to the VA for eligible benefits. The counselor should stress

that the Air Force and the VA operate under different laws, and the decision of one agency is not binding on the other. The opportunity to apply for VA benefits is part of the final retirement or discharge processing conducted by the CBPO. The PEBLO or PEB counsel advises members of the following pertinent items:

a. VA Disability Compensation. Give member an estimate of VA compensation if the VA rates the disability at the same percentage as the Air Force. Stress this is only an estimate and not binding. Explain how the VA includes compensation for dependents when rating the disability at 30 percent or more and that the Air Force has no such legal authority (10 U.S.C., chapter 61, and 38 U.S.C. 314, 335). Advise he or she will be given the opportunity to file a claim for VA benefits at the time of final out-processing. If he or she elects not to apply for VA benefits, a statement acknowledging the chance to apply must be signed.

b. Waiving Retired Pay for VA Compensation. Advise members that all or part of retired pay may be waived to receive VA disability compensation. The part of the Air Force retired pay waived is equal to VA compensation received. If VA compensation equals or exceeds Air Force retired pay, all of the Air Force pay is waived. Counsel member that this waiver may be revoked at any time to receive Air Force retired pay. This action has no effect on the right to waive Air Force retired pay again at a later date, if such action is a financial benefit.

c. Recoupment of Disability Severance Pay. Advise member being discharged with disability severance pay that the entire amount of AF disability severance pay will be deducted from any VA compensation received. At the discretion of the VA, the member may repay the entire amount in one lump sum, or the VA may withhold the monthly compensation until the total amount withheld equals the amount of the Air Force disability severance pay received.

d. Other VA Benefits. Counsel member (or NOK) on other VA benefits; such as, post service life insurance, educational benefits, medical care, or hospitalization, but approval of such benefits is at the discretion of the VA.

3-61. Travel and Transportation. The PEBLO or PEB counsel must advise member being retired or discharged for disability of the travel and transportation entitlements in the JTR, volume I. Counseling should include the following pertinent facts:

a. Home of Selection Move:

(1) Retired. Members being retired for disability, regardless of years of service, are entitled to move dependents and household goods to a home of selection. Authorized weight allowances are in the JTR, volume I. Refer members to AFR 35-7, attachment 7, for information concerning these entitlements. Advise them that failure to follow the instructions in that attachment may result in liability for all or part of the cost of movement to a home of selection.

(2) Discharge With Disability Severance Pay. Member discharged from active duty with disability severance pay who has completed at least 8 years of continuous active duty with no single break of more than 90 days has the same entitlement as (1) above.

b. Home of Record. Member being discharged from active duty with or without disability severance pay, who does not qualify under (2) above, is entitled to move to home of record or place from which ordered to active duty.

c. Travel to Formal Hearing. Members appearing before the formal PEB are entitled to travel and transportation allowances to and from Lackland AFB TX (paragraph 3-16).

d. TDRL. Member on the TDRL is required by law to undergo periodic examinations. HQ AFMPC/DPMARD furnishes orders covering travel and transportation costs to and from the medical facility performing the examination and to and from Lackland AFB TX if a formal hearing is required.

3-62. Legal Rights. The PEBLO must advise member being processed through the disability evaluation system that he or she has the legal right to a full and fair hearing, if desired. The counsel also advises the member that appearance before a formal PEB constitutes a full and fair hearing as envisioned by the law. The member may not appear before any of the higher level review agencies unless specifically invited to do so. Members may submit documentation for review as outlined in this regulation.

3-63. Pay Counseling. The PEBLO or PEB counsel must advise the member concerning entitlements to disability retired pay or disability severance pay and give the member a pay estimate. This counseling is usually done by the PEBLO upon receipt of the findings and recommended disposition of the informal PEB. If the formal PEB changes the recommended disposition or compensable rating, the pay estimate is updated by the

PEB counsel. HQ AFMPC/DPMARD furnishes basic data for estimating pay on AF Form 259, Disability Pay Counseling Worksheet, along with the recommended disposition of the PEB. HQ AFMPC/DPMARD gives each PEBLO additional pay data, such as new basic pay rates, retired pay tables, and cost of living increases as they are implemented. The PEBLO must inform the member (or NOK) of all the pay data that applies to the case.

3-64. Estimated Pay. All members must be advised that the amount of disability retired pay or severance pay is just an estimate and is provided only to help in making the decision to agree or disagree with the PEB action. The CBPO may furnish additional information at the time of actual retirement or discharge; however, the final authority for pay computations rests with the Air Force Accounting and Finance Center, Retired Pay Division (AFAFC/RPT), Denver CO 80279-5000.

3-65. Disability Retired Pay Computation. Retired pay computations are based either on a percent of disability or percent for creditable service, whichever will result in a greater dollar amount for the member.

a. Member in Service Prior to 8 September 1980. The retired pay multiplier based on disability is computed by multiplying the percent of disability (up to 75%) by the current monthly basic pay rate of the grade in which retiring.

b. The retired pay multiplier based on service is obtained by multiplying the computed value for years and months of creditable service by 2.5. The computed percent is then applied to the current monthly basic pay rate for the grade in which the member is retired. To calculate the value for service in excess of a full year, divide the number of whole months served by 12 months. That figure is rounded down to two decimal places and added to the whole years of service. For example, the percent (or retired pay multiplier) of a member with 15 years and 7 months of creditable service is computed as follows.

Step 1 - $7 \text{ mos} \div 12 = .583$ of a year.
(Round down to two decimal places)

Step 2 - Add .58 to 15 to get the computed value for years and months of creditable service = 15.58 years.

Step 3 - Multiply 15.58 years
by 2.5 = 38.95% (Retired pay multiplier)

Step 4 - Monthly basic pay rate for grade in which retired multiplied by 38.95% = Retired Pay based on years of service.

b. Members in Service After 7 September 1980. For members who entered a uniformed service on or after 8 September 1980, the retired pay multiplier based on the percent of disability is applied to a retired pay base (RPB) instead of to the monthly basic pay rate. The RPB is an average of a member's highest 36 months of active duty pay. If the member served less than 36 months, the RPB will be an average of pay received for the months served. The formula for computing disability retired pay using years of service also applies. However, years of service will not be a factor in retired pay computation for these members until they acquire at least 12 years, 1 month of service. (A member with less than 20 years active service must have a disability rating of at least 30% to qualify for retirement. Twelve years service also equates to 30%).

3-66. Disability Severance Pay. Compute 2 months basic pay for every year of active service not to exceed 12 years or a maximum of 24 months pay (table 5-2).

a. **Rounding Out Service.** Six months or more is counted as a whole year; anything less than 6 months is dropped.

b. **Less Than 6 Months Service.** The PEBLO or PEB counsel must advise members with less than 6 months of active service that he or she will not receive any disability severance pay from the Air Force.

3-67. Tax Counseling. After completing the estimate of gross retired pay, the PEBLO counsels members on how much of that pay may be subject to income tax and how much may be exempt. The PEBLO should point out that, even though HQ AFAFC/RPT determines the gross amount of retired pay, the final authority on the amount of tax which must be paid is the Internal Revenue Service (IRS). The Air Force has no control over IRS laws or rules. However, counseling should include the following items so the member will have an idea of the tax to be paid.

a. **Withholding Tax.** Estimate the approximate amount of monthly withholding tax that will be deducted from retired pay (see table in PEBLO Counseling Guide). The PEBLO Counseling Guide is published and distributed by HQ AFMPC/DPMARD.

b. Survivor Benefit Plan (SBP). Explain that the member must decide whether to participate in the SBP and whether to subscribe for less than the maximum amount. More information on the SBP is in AFR 211-14. Explain that monthly payments for SBP will not be included in gross retired pay subject to income tax.

c. Exemption of Percent of Disability. Explain that the amount of retired pay based on percent of disability is tax free for those members who entered active service before 25 September 1975. Consequently, for those individuals, only that amount of retired pay based on years of service which exceeds the amount based on disability is subject to income tax. If disability retired pay equals or is more than the amount based on service, no part of the retired pay is taxed. However, by law (26 U.S.C. 104), a member who entered the service on or after 25 September 1975 is not entitled to this exemption, unless retired for a combat-related injury.

d. Disability Pay Exclusion. Under the provisions of Title 26 U.S.C. 105, a member retired for disability may claim disability exclusion up to \$100 per week from retired pay if "permanently and totally disabled." The proof of such disability must be accepted by Internal Revenue Service. There are other legal factors considered such as maximum age, adjusted gross income levels, and joint returns.

3-68. TDRL. The retired pay for a member on the TDRL is computed the same as a member who is permanently retired for disability. **EXCEPTION:** While on the TDRL, the member will not receive less than 50% of the amount of monthly basic pay or RPB to which entitled at time of retirement. While on the TDRL, retired pay will not change, except for cost-of-living increases, until removed from that list for permanent disposition. This is true regardless of any change in the percentage rating as the result of any periodic examinations.

3-69. Save Pay. Members who were eligible to retire under nondisability retirement provisions of law on 24 September 1983 may use a save pay provision of law known as lookback when computing their disability retired pay. The lookback provision allows the use of current basic pay rates or those in effect immediately before the current rates, cost of living adjusted, whichever is more favorable. This provision, contained in 10 U.S.C. 1401 a(e), will expire 24 September 1986. However, if such member retires after 24 Sep-

tember 1986, retired pay may not be less than it would have been had he or she actually retired on 24 September 1986.

3-70. The Tower Amendment. In addition to the lookback provision, there is another save pay provision known as the Tower Amendment. This provision, contained in 10 U.S.C. 1401 a(f), permits a member to back up and use earlier active duty pay rates (cost of living adjusted), if advantageous. The member must have been eligible to retire under nondisability provisions of law when those earlier rates were in effect. Another condition requires that the pay be computed using the grade held and years of service accrued at the time those rates were in effect. For members who were eligible for nondisability retirement on 24 September 1983, the Tower Amendment is used with the lookback provision. Those members who acquire retirement eligibility after 24 September 1983 may use the Tower Amendment, without lookback, if more advantageous than current rates. When using the Tower Amendment, the portion of disability retired pay based on percent of disability must be computed using the current basic pay rate only. This portion may be tax free.

3-71. Allotments. The PEBLO must advise member being retired for disability that positive action should be taken before the effective date of retirement to continue, discontinue, change, or add allotments from retired pay. Otherwise, the same allotments will continue if there is enough retired pay to cover them. All allotments from retired pay are subject to the rules, limitations, and restrictions in AFM 177-373, volume 1.

3-72. Creditable Service. HQ AFMPC/DPMARD provides the PEBLO with the length of service used in computing disability retired pay at the same time that they send the PEB findings and recommended disposition. However, the PEBLO must stress the following general items during the member's counseling:

a. Basic Pay. The length of service for basic pay sets the rate of basic pay. This service is not rounded off and the member must have at least 1 day over the required amount to use that particular rate of basic pay (37 U.S.C. 203, 204, 1009, and DOD Pay and Allowances Entitlements Manual (DODPM)).

b. Multiplier. The service that determines the multiplier may include both active and inactive service. Computation for the multiplier generally

falls into the following categories:

- (1) Enlisted Members. Only active service counts.
- (2) Officers. May include active, inactive, and certain constructive service with only "point" credit for inactive service after 1 June 1958.
- (3) Non-EAD Members. Service may include active, inactive, and certain "point" credit. See chapter 8 for further information.

3-73. Retirement or Discharge Counseling. The counseling outlined in this section is not intended to take the place of the final retirement or separation counseling conducted by the member's CBPO. This section is to aid the PEBLO in informing the member (or NOK) of all aspects of disability evaluation system. The PEBLO must keep in close contact with the nearest servicing CBPO for assistance in resolving related personnel actions.

3-74. How the Air Force Applies the VA Schedule. Title 10, U.S.C. chapter 61, states that the physical defects and conditions of a physically unfit member must be rated "under the standard schedule for rating disabilities in use by the VA at time of the determination." The Air Force uses the VA Schedule to determine the percentage of disability for each ratable defect or condition shown on AF Form 356. The VA Schedule does not provide a specific rating for all physical defects or conditions. Many of the general policies in the VA Schedule do not apply to the Air Force, since they were written primarily for the guidance of VA rating boards and often cover laws and policies that apply only to the VA. Consequently, the Air Force has developed specific guidance on general policy and certain ratable defects and conditions which are listed by VA diagnostic code numbers (attachment 2).

(Appropriate Letterhead)

FROM:

(date)

SUBJECT: Waiver of Appearance

TO: President, USAFPEB/DPMARF
Lackland AFB TX 78236-5000

Having requested a formal hearing in my case, I request permission to waive personal appearance for the following reasons:
(list reasons)

(signature)

(typed name and grade)
(organization or address)

(signature of witness)

(organization or address)

Figure 3-1. Member's Request for Waiver of Appearance.

SAMPLE

INFORMAL 3-32		FINDINGS AND RECOMMENDED DISPOSITION OF USAF PHYSICAL EVALUATION BOARD						DATE 3-32							
FORMAL 3-32															
1. THE BOARD CONVENED AT 3-32		PER ATTACHED ORDERS (Exhibit A)													
2. A QUORUM WAS PRESENT AS INDICATED ON EXHIBIT A.		3. EXHIBITS ATTACHED: A, B, 3-32													
4. MEMBER (Last, First, Middle Initial) 3-32		5. GRADE 3-32		6. SOCIAL SECURITY NO. 3-32		7. COMPONENT 3-32									
8. DEFECTS		IS UNFITTING		DUE TO MISCONDUCT, NEGLIGENCE, OR UNAUTHORIZED ABSENCE		INCURRED WHILE ENTITLED TO RECEIVE BASIC PAY		PROXIMATE RESULT OF ACTIVE DUTY, OR INACTIVE DUTY TRAINING		DEGREE OF IMPAIRMENT IS PERMANENT		PERCENT		VA DIAGNOSTIC CODE NUMBER	
COLUMN A - Include degree of severity. COLUMN C - Enter "No" or "M" for Intentional Misconduct, "N" for Willful Neglect or "A" for Incurred during Unauthorized Absence. COLUMNS B, D, E, F - Enter YES, NO, or NA. COLUMNS G, H - Enter percent in G and number(s) in H.															
DIAGNOSIS A		B		C		D		E		F		G		H	
3-33e, 3-34, 3-35, 3-36		3-34		3-36		3-37		3-40		3-41		3-42		3-42	
COMBINED COMPENSABLE RATING												3-45			
YES		NO		NA		9. FINDINGS									
3-33		3-35				A. THE MEMBER IS UNFIT BECAUSE OF PHYSICAL DISABILITY									
3-37						B. THE DISABILITY WAS INCURRED WHILE ENTITLED TO RECEIVE BASIC PAY									
3-41		3-46				C. THE DISABILITY IS PERMANENT									
3-36						D. THE DISABILITY WAS DUE TO INTENTIONAL MISCONDUCT, WILLFUL NEGLIGENCE, OR WAS INCURRED DURING A PERIOD OF UNAUTHORIZED ABSENCE									
3-39						E. THE MEMBER HAS AT LEAST 20 YEARS OF SERVICE COMPUTED UNDER 10 USC 1208									
3-39						F. THE MEMBER HAS AT LEAST 8 YEARS OF SERVICE COMPUTED UNDER 10 USC 1208									
3-40						G. THE DISABILITY WAS THE PROXIMATE RESULT OF PERFORMING ACTIVE DUTY, OR ACTIVE OR INACTIVE DUTY TRAINING									
3-38						H. THE DISABILITY WAS INCURRED IN TIME OF WAR OR NATIONAL EMERGENCY									
3-43						I. THE DISABILITY WAS THE DIRECT RESULT OF ARMED CONFLICT OR WAS CAUSED BY AN INSTRUMENTALITY OF WAR AND INCURRED IN LINE OF DUTY DURING A PERIOD OF WAR									
3-43						J. THE MEMBER ENTERED MILITARY SERVICE ON OR AFTER 25 SEPTEMBER 1975									
3-43						K. THE DISABILITY WAS THE DIRECT RESULT OF A COMBAT RELATED INJURY									
10. COMPENSABLE PERCENTAGE 3-35, 3-45				11. RECOMMENDED DISPOSITION 3-35, 3-48											
12. FURTHER HOSPITALIZATION REQUIRED? 3-35, 3-51				13. SIGNATURE OF PEB PRESIDENT OR PEB REPRESENTATIVE 3-32a											

AF FORM 356 JUN 80 PREVIOUS EDITION WILL BE USED.

Figure 3-2. Completion of AF Form 356.

TABLE 3-1—COMBINED RATINGS (Abridged)

PERCENT	10	20	30	40	50	PERCENT	10	20	30	40	50	60	70	80	90
10	19					58	62	66	71	75	79				
19	27					59	63	67	71	75	80				
20	28	36				60	64	68	72	76	80	84			
21	29	37				61	65	69	73	77	81	84			
22	30	38				62	66	70	74	78	82	85			
23	31	38				63	67	70	74	78	82	85			
24	32	39				64	68	71	75	78	82	86			
25	33	40				65	69	72	76	79	83	86			
26	33	41				66	69	73	76	80	83	86			
27	34	42				67	70	74	77	80	84	87			
28	35	42				68	71	74	78	81	84	87			
29	36	43				69	72	75	78	81	85	88	91		
30	37	44	51			70	73	76	79	82	85	88	91		
31	38	45	52			71	74	77	80	83	86	89	92		
32	39	46	52			72	75	78	80	83	86	89	92		
33	40	46	53			73	76	78	81	84	87	89	92		
34	41	47	54			74	77	79	82	84	87	90	92		
35	42	48	55			75	78	80	83	85	88	90	93		
36	42	49	55			76	78	81	83	86	88	90	93		
37	43	50	55			77	79	82	84	86	89	91	93		
38	44	50	57			78	80	82	85	87	89	91	93		
39	45	51	57			79	81	83	85	87	90	92	94	96	
40	46	52	58	64		80	82	84	86	88	90	92	94	96	
41	47	53	59	65		81	83	85	87	89	91	92	94	96	
42	48	54	59	65		82	84	86	87	89	91	93	95	96	
43	49	54	60	66		83	85	86	88	90	92	93	95	97	
44	50	55	61	66		84	86	87	89	90	92	94	95	97	
45	51	56	62	67		85	87	88	90	91	93	94	96	97	
46	51	57	62	68		86	87	89	90	92	93	94	96	97	
47	52	58	63	68		87	88	90	91	92	94	95	96	97	
48	53	58	64	69		88	89	90	92	93	94	95	96	98	
49	54	59	64	69		89	90	91	92	93	95	96	97	98	
50	55	60	65	70	75	90	91	92	93	94	95	96	97	98	99
51	56	61	66	71	76	91	92	93	94	95	96	96	97	98	99
52	57	62	66	71	76	92	93	94	94	95	96	97	98	98	99
53	58	62	67	72	77	93	94	94	95	96	97	97	98	99	99
54	59	63	68	72	77	94	95	95	96	96	97	98	98	99	99
55	60	64	69	73	78										
56	60	65	69	74	78										
57	61	66	70	74	79										

TABLE 3-2

DISPOSITION OF UNFIT RegAF MEMBERS, OR NON-REGULAR MEMBERS ON EAD, OR NON-REGULAR MEMBERS ON AD UNDER ORDERS THAT DO NOT SAY 30 DAYS OR LESS (PARAGRAPH 8-3b) (see note 1)

	A	B	C	D	E	F	G	H	I
R U L E	If disability was result of intentional misconduct, willful neglect, or was incurred while A/VOL	If member was entitled to basic pay and disability was incurred while entitled to basic pay	and disability was incurred in time of war or national emergency (or after 14 September 1978).	and member has at least 5 years of service (computed under 10 U.S.C. 1208)	and member has at least 20 years of service (computed under 10 U.S.C. 1208)	and disability was the proximate result of performing active duty (on or after 30 Sep 78)	and compensable percentage of disability is	and disability	then PEB recommended disposition is
	(Item 9D)	(Item 9B)	(Item 9H)	(Item 9F)	(Item 9E)	(Item 9G)	(Item 10)	(Item 9C)	(Item 11)
1	Yes								discharge under 10 U.S.C. 1207.
2	No	No							discharge under other than 10 U.S.C. chapter 61 (see note 2).
3	No	Yes			Yes		0-100	is permanent	permanent retirement (10 U.S.C. 1201).
4	No	Yes		Yes	No		30-100		
5	No	Yes			No	Yes	30-100		
6	No	Yes	Yes		No		30-100		
7	No	Yes			Yes		0-100	may be permanent	temporary retirement (TDRL) (10 U.S.C. 1202).
8	No	Yes		Yes	No		30-100		
9	No	Yes			No	Yes	30-100		
10	No	Yes	Yes		No		30-100		
11	No	Yes			No	Yes	0-20	is or may be permanent	discharge with severance pay (10 U.S.C. 1203).
12	No	Yes	Yes		No		0-20		
13	No	Yes		Yes	No		0-20		

NOTES:

- Where the rule and column are blank, the item on the AF Form 356 may be "Yes," "No," or "NA." However, where the rule and column are filled in, ALL items in the rule MUST match with the items on the AF Form 356.
- Where the recommended disposition is discharge under

other than 10 U.S.C., chapter 61 (without severance pay), the statutory authority for discharge is as follows: 10 U.S.C. 1162, 1169 for enlisted personnel; 10 U.S.C. 1162, 1163 for non-regular commissioned officers; 10 U.S.C. 630 for probationary RegAF commissioned officers.

TABLE 3-3

DISPOSITION OF UNFIT NON-REGULAR MEMBERS PERFORMING DUTY AS SHOWN IN PARAGRAPH 8-3a (INJURY) (SEE NOTES 1 AND 2)

R U L E	A	B	C	D	E	F
	If disability was result of intentional misconduct, willful neglect, or was incurred while AWOL (Item 9D)	If disability was due to an injury and was the proximate result of performing duty under paragraph 8-3a (Item 9G)	and member has at least 20 years of service (computed under 10 U.S.C. 1208) (Item 9E)	and compensable percentage of disability is (Item 10)	and disability (Item 9C)	then PEB recommended disposition is (Item 11)
1	Yes					discharge under 10 U.S.C. 1207.
2	No	No				discharge under other than 10 U.S.C. chapter 51 (see note 3).
3	No	Yes	Yes	0-100	is permanent	permanent retirement (10 U.S.C. 1204).
4	No	Yes	No	30-100		
5	No	Yes	Yes	0-100	may be permanent	temporary retirement (TDRL) (10 U.S.C. 1205).
6	No	Yes	No	30-100		
7	No	Yes	No	0-20	is or may be permanent	discharge with severance pay (10 U.S.C. 1206).

NOTES:

1. Where the rule and column are blank, the item on the AF Form 356 may be "Yes", "No", or "NA". However, where the rule and column are filled in, ALL items in the rule MUST match with the items on the AF Form 356.

2. If disability was NOT from an INJURY, member will be

processed as INELIGIBLE (chapter 8).

3. Where the recommended disposition is discharge under other than 10 U.S.C. chapter 61 (without severance pay), the statutory authority for discharge is as follows: 10 U.S.C. 1162, 1169 for enlisted personnel; and 10 U.S.C. 1162, 1163 for non-Regular commissioned officers.

TABLE 3-4

ASSEMBLY AND DISPOSITION OF PEB CASE RECORD

If action is		RULE			
		1	2	3	4
A	informal hearing case assembly	Yes			
B	formal hearing case assembly		Yes		
C	distribution of copies to member (or NOK)			Yes	
D	copies retained by PEB (or PEBLO where appropriate (see note 1))				Yes
	then include				
E	AF Form 1180, or statement that member (or NOK) concurred, (or nonconcurred) (Include rebuttal if applicable) (see note 2).	X	X	X	X
F	AF Form 356 (include verbatim typed transcript of formal hearing, if applicable) (see note 3)	X	X	X	X
G	summary statement and minority report (if applicable)	X	X	X	X
H	Exhibit A. Orders appointing board.	X	X	X	
I	Exhibit B. AF Form 618 with attachments (or report of TDRL reexamination furnished PEB under chapter 7) (see note 4).	X	X	X	
J	Exhibit C. Approved AF Form 348, Line of Duty Determination, or DD Form 261, Report of Investigation Line of Duty and Misconduct Status (not required for TDRL reexaminations).	X	X		
K	Exhibit D. Call or orders covering non-EAD service (for chapter 8 cases only).	X	X		
L	Exhibit E. AF Forms 1174, 1177, or 1365, if appropriate (paragraph 3-17a).		X	X	
M	Exhibit F. AF Forms 1172, Certificate of Medical Officer, or, where applicable, prior medical board report relating to mental competency (AFR 168-4)	X	X		
N	Exhibit G. AF Forms 356 and 1180 pertaining to prior informal hearing, if any, and where applicable, copy of Revised Recommended Findings (RRF) or statement that member (or NOK) does not now concur with prior informal hearing		X		
O	additional exhibits will be assigned exhibit identification letters beginning with Exhibit H in the order in which they are introduced.		X	X	
P	attach, but do not make a part of the proceedings, all clinical records furnished by HQ USAF and, where applicable, also attach AF Forms 125, Application for Extended Active Duty With the USAF, 188, Statement Relative to Appointment or Enlistment After Removal From TDRL, 356, 1185, 1186, Retention in Limited Assignment and Status, and so forth, as directed by HQ AFMPC/DPMARD.		X		

(See notes on next page.)

NOTES:

1. The PEB (or PEBLO) will hold applicable copies until final disposition is announced by HQ AFMPC/DPMARD.
2. In NOK cases, attach copies of transmittal letters, certified or registered mail receipts, and so on, to appropriate document and include statement of circumstances, if appropriate (see chapter 7 for exceptions in certain TDRL retention cases).
3. Copy of typed transcript may be furnished member, under rule 3, on demand or where appropriate, it may be forwarded

at time of later transcription. Pen and ink corrections of typed transcripts are acceptable, if initialed by PEB representative. (If the verbatim typed transcript is delayed for any reason, include a statement summarizing pertinent details, together with tentative date for completion of the typed transcript.)

4. In mentally incompetent or deleterious type cases, Exhibit B may be furnished to the NOK at the discretion of the formal PEB president or HQ AFMPC/DPMARD.

Chapter 4

PERSONNEL PROCESSING ACTIONS

Section A—Responsibilities and Administrative Controls

4-1. Responsibilities of the Physical Evaluation Board Liaison Officer (PEBLO). The PEBLO at the referring facility is responsible for obtaining and assembling all records needed by the PEB and forwarding them to HQ AFMPC/DPMARD. The PEBLO is the focal point for disability processing actions at base level and as such, he or she is essential to the prompt, effective processing of disability evaluation cases. The PEBLO must contact the member's commander or servicing CBPO for any needed data or documentation. In turn, the commander or servicing CBPO must provide the requested information as quickly as possible so the processing is not delayed.

4-2. Ordering Members to Medical Facilities or to the Formal PEB. The member's commander is responsible for prompt action to move the member to the proper facility to complete medical examination and treatment. The referring medical facility issues orders at the PEBLO's request, sending the member TDY to Lackland AFB TX for the purpose of appearing before the formal PEB.

4-3. Personnel Data. HQ AFMPC/DPMARD obtains this data from information in the PDS. The PEBLO obtains additional data, not available in the PDS, from the member or CBPO and sends it to HQ AFMPC/DPMARD along with other documents required by AFR 168-4. The CBPO must provide the PEBLO all available information required to complete AF Form 1185, Statement of Record Data, and supply other data and documents needed (table 4-1). The PEBLO or CBPO advises HQ AFMPC/DPMARD any change in the member's status or in the data shown on the AF Form 1185.

4-4. Administrative Control of Member During PEB Processing. Once the case is sent to the PEB, the member cannot be granted leave outside the local area, placed on TDY, or reassigned except for emergency reasons, until the CBPO receives final determination. The PEBLO must notify the member's commander and the servicing CBPO, in writing, when disability

processing is initiated and advise them of the provisions of this paragraph. This restriction ensures that the member is available for further disability processing actions. Exceptions to the restriction on TDY and reassignment are those actions necessary for completion of disability processing; such as TDY to the formal PEB and TDY or PCS in a patient status for required medical evaluation or treatment. HQ AFMPC/DPMARD may authorize exceptions to the leave restriction when warranted by circumstances and when approval of leave will not adversely affect processing. Essential administrative controls during disability evaluation processing are:

a. Member Evaluated as Outpatient. The PEBLO asks the member's commander or servicing CBPO to ensure that the member stays available for possible additional disability evaluation processing.

b. Member Evaluated as Inpatient—not Assigned at the Referring Medical Facility. Members must remain at the referring facility unless authorized to return to their home unit. If there is an unusual delay in completing the processing, the PEBLO, the member's commander, or the servicing CBPO may believe that returning the member to the unit of assignment would be in the best interest of all concerned. They may contact HQ AFMPC/DPMARD and request authority to return the member. This will normally be approved if there is no medical necessity to remain at the facility and if adequate disability counseling support is available at the home station.

c. Member Assigned to Referring Medical Facility. The member must remain at the facility. Exceptions are made at the discretion of HQ AFMPC/DPMARD or when the member must be transferred to a VA medical facility for further hospitalization.

4-5. Administrative Control of Member After PEB Action. A member will not be retired, discharged, or released from active duty for any reason before the final decision by the Secretary of the Air Force is received in the form of retirement orders or instructions directing other disposition. After PEB action is completed, including the member's agreement or submission of a rebuttal, and before final decision is made, interim administrative control and disposition of member is as follows, unless otherwise directed.

a. Physically Fit. When the PEB finds the member fit and recommends return to duty, the medical facility commander may return the member to his or her unit of assignment in a duty status. However, no reassignment action may be taken until the CBPO receives the final determination from HQ AFMPC/DPMARD. Action to confirm or revise the physical profile series must be according to AFR 160-43. The medical facility commander must advise the member's immediate commander or servicing CBPO, in writing, that:

(1) The PEB findings and recommended disposition are under final review and are subject to revision, and

(2) The member may not be granted leave, outside local area (except emergency leave), reassigned, discharged, or released from active duty without approval from HQ AFMPC/DPMARD until final disposition instructions are received by the CBPO.

b. Physically Unfit. When the PEB determines the member is unfit, he or she will remain under the control of the appropriate commander until final disposition is received. Just as in fit cases, the unfit member will not be reassigned, discharged or released from active duty or granted leave (except emergency leave) without approval from HQ AFMPC/DPMARD.

(1) When assigned to a medical facility in a patient status, the member remains at the facility, unless transferred to another military or VA medical facility for further hospitalization.

(2) A member evaluated in an outpatient status or attached to the referring medical facility, may return to the unit of assignment to await final disposition unless release from the facility is not possible because of the member's medical condition. Members returned to their unit of assignment may be assigned military duties within the limitations of their physical condition. The referring medical facility commander must give the member's immediate commander written notice of the member's medical condition and the limitations that must be considered in assigning duties. The immediate commander should contact the referring medical facility, or the nearest medical facility, if any question arises as to the member's ability to perform a specific duty. If the member is rehospitized, the referring medical facility or PEBLO must immediately advise HQ AFMPC/DPMARD giving details, and providing a statement as to whether reprocessing through the disability evaluation system may be needed.

Section B—PCS in Awaiting Orders Status

4-6. General PCS "Home" Policy. HQ AFMPC/DPMARD may authorize a member to go "PCS in awaiting orders status" to await final disposition of his or her disability case. Basic trainees are not eligible for this program.

4-7. Application Procedures. Members must apply in writing to HQ AFMPC/DPMARD through their CBPO. They must give the reasons for the request and verify that they meet all requirements shown in paragraph a below. When the member is a patient at the referring medical facility, the application must first be sent through the PEBLO at the facility.

a. Member. The member must meet all the following criteria:

(1) Request must be for PCS from, and to, locations within continental United States (CONUS). Alaska and Hawaii are not considered part of the CONUS.

(2) Member must be on extended active duty.

(3) Case must have been evaluated by the PEB with a finding that the member is unfit and the recommended disposition must be disability retirement, discharge with or without severance pay, or discharge under other than chapter 61, Title 10 U.S.C.

(4) Member must have either agreed with the informal PEB findings or completed the formal hearing and submitted a rebuttal.

(5) Member must not have requested retention in limited assignment status (LAS) or submitted a rebuttal requesting retention on active duty.

(6) Member must be competent.

(7) Member must not need further hospital care at a military or VA facility.

(8) Member must not have a nondisability retirement or separation action pending.

(9) Member must be counseled on movement of dependents and household goods and has been given a copy of attachment 4.

(10) Member must be advised that while in a PCS awaiting orders status, he or she must return to unit of assignment, referring medical facility, or the PEB if directed to do so. A member will not have to return if the PEB recommendation is approved.

(11) Member must give the CBPO a nonmilitary address and phone number where he or she can be reached and must advise the CBPO of any changes to that address or phone number.

(12) Member must acknowledge understanding that the number of days in PCS awaiting orders status will be deducted from the number of days

leave accrued as of the date of retirement or discharge.

b. PEBLO. When the member is an attached or assigned patient at the referring medical facility the PEBLO indorses the application to the CBPO and verifies that:

(1) Member has been counseled on the findings and recommended disposition of the PEB and advised that the date of retirement or discharge will be about 4 weeks from the date of such counseling.

(2) Member need not return to the referring facility unless further medical evaluation or hospital care is needed or the member is required to travel to the PEB for a formal hearing.

c. Servicing CBPO. The member's CBPO must indorse the application to HQ AFMPC/DPMARD and verify that the member does not have a nondisability retirement or discharge pending. If the application is approved, the CBPO must ensure the following actions are completed as quickly as possible:

(1) Publish necessary orders according to AFR 10-7 and give the member copies.

(2) Complete all required retirement or discharge processing and counseling so that the member need not return to the unit of assignment at the time of actual retirement or discharge.

(3) Counsel the member on movement of dependents and household goods.

(4) Obtain an address and phone number where the member can be reached while in PCS awaiting orders status and determine whether this address is member's home of record or the place from which member was ordered to active duty.

(5) Notify HQ AFMPC/DPMARD if the member does not go PCS in awaiting orders status or if there is any change in the nonmilitary address or phone number.

4-8. Disability Processing Branch (HQ AFMPC/DPMARD) Action. HQ AFMPC/DPMARD reviews each request for PCS in awaiting orders status and advises the member, through the CBPO (and PEBLO, if applicable), whether the application is approved or disapproved.

a. Basic Criteria. PCS in awaiting orders status may not be approved if it would interfere with or delay final disposition in any way. HQ AFMPC/DPMARD will approve PCS home only when the information presented indicates that approval would be in the best interest of all concerned. Travel to the nonmilitary address must meet the rules set forth in the JTR volume 1,

M4158-6. The request will not be approved if the estimated date of retirement or discharge does not allow enough time to complete all administrative processing and travel to chosen destination before final disposition is announced. PCS to any designated place in the CONUS may be approved when the member has completed 8 years continuous active duty, with no single break of more than 90 days just before PEB evaluation. If member does not have 8 years continuous active service, PCS home can be granted only to the member's home of record or place from which he or she was ordered to active duty.

b. Approval. HQ AFMPC/DPMARD notifies the member of approval and advises the CBPO to issue necessary orders. The approval notification will confirm the member's service and entitlement to travel to any designated place in the CONUS, or specify restrictions as outlined in paragraph a above.

Section C—Disability Retirement or Discharge Processing by Servicing CBPO.

4-9. CBPO Responsibilities. After final disposition is announced, HQ AFMPC/DPMARD notifies the CBPO of the final Secretarial determination and directs them to start the necessary administrative actions, such as retirement or discharge processing, return to duty, or retention in LAS. Initial notification is normally made by message. For disability retirements, HQ AFMPC/DPMARD prepares AF Form 2653 and HQ AFMPC, Special Orders (DAQAO) reproduces and distributes the order. For other actions, the CBPO prepares the necessary documents and enters required data into the PDS and JUMPS to complete the retirement or discharge processing after receiving disposition instructions.

4-10. CBPO Counseling and Processing. After receiving final disposition, the CBPO ensures the member is counseled and processed as required. Contact with other CBPOs, the PEBLO, or the NOK may be necessary to complete the required actions since the member may not be available for face-to-face counseling or processing. As a last resort, the member may be counseled by mail if there are no other means of contact. The CBPO must advise HQ AFMPC/DPMARD whenever there is an unusual delay or problem in completing the required counseling or processing.

a. Member Not at Servicing CBPO. When the member will not be at the CBPO to complete final retirement or discharge counseling and

processing, the CBPO must make arrangements to complete the required actions before the member leaves. This action will be required when PCS home or terminal leave is approved or when the member will be transferred to a VA hospital prior to final action. If the member is a patient in a medical facility some distance from the servicing CBPO, that CBPO should arrange for another CBPO nearer the member to complete as many of the required actions as possible and inform the servicing CBPO of the results. The CBPO may also ask the PEBLO at the referring medical facility to help in such situations.

b. Member Unable To Act in own Behalf.

When the member is incompetent, or unable to act in his or her own behalf for other reasons, the CBPO will contact the NOK, preferably in person, and make sure that the NOK is counseled. The CBPO should obtain the NOK's signature on applicable forms and documents or include a statement indicating the reason why the member (or NOK) could not sign. If necessary, the CBPO may contact another CBPO near the NOK and request help in counseling and processing. The CBPO should contact HQ AFMPC/DPMARD for help in resolving unusual or complex cases.

c. Other Action Pending. Where other action is pending, such as nondisability retirement or discharge, medical hold, court-martial, or civil court action, the CBPO must immediately advise the action agency involved that the member is being retired or discharged by reason of physical disability. The CBPO must ensure that any conflicting orders such as nondisability separation or retirement orders, are revoked before the effective date of the disability separation or retirement or discharge.

4-11. Time Limitations. The scheduled retirement or discharge date is set by HQ AFMPC/DPMARD, and the CBPO must ensure that all processing is completed to allow final separation on that date. If the CBPO cannot complete required processing, they must advise HQ AFMPC/DPMARD before the effective date so that it can be extended, if necessary. Only HQ AFMPC/DPMARD can change a disability retirement or discharge date, and any change must be made before the effective date of the orders.

4-12. Discharge Orders. After receiving disposition instructions, the CBPO publishes orders to discharge the member on the scheduled date. Orders must be prepared on AF Form 100, Request and Authorization for Separation, as outlined in

AFR 10-7. When necessary, the orders must include a statement concerning termination of appointments. The CBPO sends a copy of the orders to HQ AFMPC/DPMARD.

4-13. Preparation of Retirement or Discharge Documents and Reports. After receiving retirement orders or disposition instructions, the CBPO completes the disability processing, including the preparation of required forms and documents. Because of the short period of time between final Secretarial determination and the effective date of retirement or discharge, the CBPO must initiate these actions as soon as they receive message notification of the final decision. Specific information follows:

a. DD Form 214, Certificate of Release or Discharge from Active Duty. Prepare and distribute according to AFR 35-6.

b. Retired Pay Documents. AF Form 728, Transmittal of Retirement Documents; AF Form 694, Data for Payment of Retired Air Force Personnel; and related documents must be prepared and sent to the AFAFC/RPT, Denver CO 80297-5000 as outlined in AFM 30-130, volume I, chapter 11 and AFR 211-14.

c. Character of Discharge. Except where otherwise shown below, members discharged for disability are honorably discharged and receive DD Form 256AF, Honorable Discharge Certificate.

(1) Officers. An officer's service may be characterized as General (under honorable conditions) only when such action is approved and directed within the office of the Secretary of the Air Force. In these cases, HQ AFMPC/DPMARD will specifically notify the servicing CBPO of such approval.

(2) Enlisted. The separation of enlisted members who are in entry level status, as defined in AFR 39-10, will be described as entry level separations unless the issuance of an honorable discharge is specifically approved within the Office of the Secretary of the Air Force. The service of enlisted members may be characterized as General (under honorable conditions) when such action is warranted based on the member's military record and a recommendation for such a discharge has been processed according to AFR 39-10; or when directed by officials within the Office of the Secretary of the Air Force. HQ AFMPC/DPMARD will notify the servicing CBPO of such Secretarial approval.

d. DD Form 363AF, Certificate of Retirement. Given to all members who are permanently retired for disability and to those placed on the

TDRL with enough creditable service to qualify for nondisability retirement. The certificate is prepared as outlined in AFR 35-7 and presented at a suitable ceremony in a Retirement Binder (National Stock Number 7510-00-134-8179). If the certificate or binder is not available, the CBPO must keep the data needed to fill out the form, get the member's nonmilitary address, and advise the members that they will mail the items to them as soon as they are available. The following guidelines apply for members placed on the TDRL with less than 20 years creditable active service:

(1) When the member is initially placed on TDRL, DD Form 363AF is not prepared.

(2) If the member is subsequently removed from the TDRL and permanently retired for disability, DD Form 363AF is prepared and mailed to the member by HQ AFMPC, Airman Actions Branch (DPMDOA) for airmen and by HQ AFMPC, Officer Actions Branch (DPMDOO) for officers.

(3) When the member is removed from the TDRL and discharged, a discharge certificate is prepared and forwarded to the member.

e. Certificates of Appreciation. The appropriate form, AF Form 1344, Certificate of Appreciation (for husbands) and AF Form 1346, Certificate of Appreciation (for wives) will be prepared and presented to the spouse of any member being permanently retired for disability or who is eligible for nondisability retirement when placed on the TDRL. These forms are prepared and presented as outlined in AFR 35-7.

f. Retirement Options or Entitlements Fact Sheet. Members who retire for disability must be given a copy of the "Retirement Options or Entitlements Fact Sheet" (AFR 35-7, attachment 7) at the same time they receive retirement orders, or when scheduled for retirement processing and counseling, whichever is earlier. The CBPO must advise member not to take any action to move dependents or move or store household goods before they have received their retirement orders, or know the order number and the fund citation. Before any move, the member should contact the nearest military transportation officer for counseling on transportation entitlements.

g. Identification Cards. Issue or dispose of identification cards as shown in AFRs 12-50 and 30-20.

h. Special Information Report. Where deemed proper, the CBPO must report special information required by AFR 124-16 at the time of final retirement or discharge processing.

4-14. Ceremonies and Presentation of Appropriate Certificates. Members being retired or discharged for disability should have a suitable ceremony before leaving their last duty station. For an overseas member returning to the CONUS for retirement or discharge, the ceremony should be held at the overseas base. If this is not done, the CBPO at the separation base in the CONUS must arrange an appropriate ceremony before the member leaves that base. The retirement or discharge certificate, along with any awards and letters of appreciation, should be presented at the ceremony. In general, the ceremony should be conducted as outlined below:

a. Retirement. The disability retirement ceremony should be conducted as outlined in AFR 35-7 for members who retire for age or service. When possible, the CBPO should get a written statement from the member who does not want a ceremony.

b. Discharge. As outlined in AFR 35-6 for other types of discharge, the member's immediate commander should make some suitable expression of appreciation on behalf of the Air Force for the services rendered.

c. Exceptions. When members are unable to act for themselves and are in a patient status, or have been moved to a VA Hospital, the certificate and any other documents may be presented to the NOK or mailed to the NOK with a suitable cover letter.

4-15. Delivery of Retirement or Discharge Documents. Documents other than the retirement or discharge certificate are given to the member by the CBPO before final retirement or discharge processing is completed, except in the following circumstances:

a. When member is not present on the last day of AD for any reason; such as PCS in awaiting orders status, terminal leave, or transfer to a VA Hospital, all required documents are prepared and mailed to the member on the effective date of retirement or discharge.

b. When member is incompetent or unable to act in own behalf for other reasons, the required documents are presented or mailed to the NOK (or guardian) to arrive not later than the effective date of retirement or discharge.

c. For members returning to CONUS from overseas, the CONUS CBPO presents the required documents to the member during final out-processing.

d. For members who are being placed on the TDRL, the CBPO prepares and delivers retirement

documents the same as for members being permanently retired. Special provisions for DD Form 363AF and AF Form 1344 and 1346 are in paragraph 4-13. When the member is removed from the TDRL, the required orders, forms, and other documents, are prepared and sent to the member by HQ AFMPC/DPMARD.

4-16. Leave in Connection With Retirement or Discharge. Members may request terminal leave in connection with retirement or discharge provided they meet all of the following requirements:

- a. Member must have received retirement or discharge orders (or know the order number, effective date and fund citation).
- b. Member must be competent.
- c. Member must not require further hospital care at a military or VA medical facility.
- d. All retirement or discharge processing must be completed by the servicing CBPO so the member will not have to return.
- e. Member must have enough accrued leave to permit leave through the last date of AD. The period of leave must not go past the scheduled effective date of retirement or discharge.
- f. Member's request for leave must be approved by his or her immediate commander.

Section D—Place of Retirement or Discharge

4-17. Options and Entitlements. Members being retired or discharged for disability may under certain circumstances have a choice as to the place where final retirement or discharge action takes place. The chosen location may limit future entitlement to movement of the member as well as dependents and household goods. In order to prevent the possible loss of entitlements, the member should be aware of the requirements outlined in AFRs 35-6, 35-7, 35-17, 76-8, volume I, and 75-25 as well as JTR M4157, M4158, M7009, M7010, M8003, M8261, M8262 and paragraphs 4-7 and 4-13 of this regulation before they are retired or discharged and before any moves are made.

4-18. Place of Retirement or Discharge. The place of retirement or discharge is as follows:

- a. **Member Serving in CONUS.** Member is retired or discharged at the unit of assignment. Alaska and Hawaii are considered outside the CONUS. When HQ AFMPC/DPMARD knows that a member has been moved to a military or VA medical facility or has gone PCS in awaiting

orders status, the member is retired or discharged at his or her unit of assignment; however, the orders will show the member's actual location at the time of retirement or separation. If the duty base cannot process the retirement or discharge, the member is sent TDY to the nearest Air Force base that has the processing capability.

- b. **Member Serving Outside CONUS.** The member may select one of three places for retirement or separation—the overseas duty location, the port of entry, or the CONUS base nearest the member's home. Upon receipt of the recommended disposition of the PEB, the PEBLO asks the member where he or she wants to be retired or discharged. The PEBLO advises HQ AFMPC/DPMARD of the member's desires. If the member wants to go back to the CONUS, the CBPO must publish PCS without PCA orders. If applicable, the orders will include authorization for movement of dependents and household goods. Additional guidance concerning the various options is as follows:

- (1) **Overseas Duty Location.** Member may be retired or discharged at the overseas duty station. Members may elect to retire at the overseas duty station with the option of a later move to a home of selection within the time limit outlined in the JTR, or retire at the overseas duty station with immediate movement by direct reservation system to another overseas location to establish a home of selection. Members being discharged with disability severance pay may move to a home of selection if they have completed at least 8 years of AD with no single break of more than 90 days. If they have not completed 8 years of AD or are being discharged without disability severance pay, authorized travel is limited to home of record or place from which ordered to AD. Except in Alaska, Hawaii and territories or possessions of the United States, the member retired or discharged at an overseas location must satisfy all command and host government residency requirements before the effective date of retirement or discharge. When the member's overseas duty station is in a foreign country, he or she must submit a written request to the CBPO stating a desire to be retired or discharged in that country. Members must agree to let the Air Force release information from their records to the authorities of the foreign government; submit proof that they have met all the requirements for residence in the country; state that they understand the Air Force logistic support privileges will stop on date of retirement or discharge; and that they understand the extent of their entitlement for further movement and for

movement of their dependents and household goods at government expense. With the exception of members who retire at their overseas duty station for immediate travel by direct reservation system to another overseas country to establish a home of selection, members are not required to sign the home of selection statement, and they retain any authorized transportation entitlements within the time limit specified in the JTR, volume I.

(2) Port of Entry. Member may choose to be returned to the CONUS for retirement or discharge at an authorized port of entry. A member returning to the CONUS with a car will go to the port of entry nearest the point where the vehicle will come into the CONUS, as outlined in AFRs 35-6 and 35-7. The CBPO must prepare PCS without PCA orders for members being retired or discharged at the port of entry.

(3) CONUS Base Nearest Member's Home. Member may elect to be retired or discharged at the active Air Force base nearest designated home of selection that has the capability to process retirement or discharge. This option is open only to members who qualify for home of selection entitlements as outlined in JTR, volume I, and who sign a home of selection statement as prescribed in AFR 35-7. The CBPO must prepare PCS without PCA orders and the orders must indicate the complete address, or, as a minimum, the city and state that the member designated as his or her home of selection. The CBPO must advise members that government-paid travel to a base nearest their home is considered a TDY enroute to the home of selection.

c. US Territorial Residents. Member whose home of record or place from which ordered to AD is in a US Territory may qualify as a resident of that area. If member is not serving in that US territorial location, he or she may be returned to the home of record or place from which ordered to active duty for retirement or discharge, at the discretion of HQ AFMPC/DPMARD. Such movement may be approved only if authorized retirement or discharge facilities are available in the overseas area (AFRs 35-6, 36-20, and 39-11); transportation to the overseas area can be arranged so that the member can arrive at the home location before he scheduled date of retirement or discharge

(AFM 164-1 and AFRs 168-4 and 168-11, and this regulation) plus, the member is told by the CBPO that travel to his or her home location will use home of selection entitlements. If movement to the overseas home location is not approved, the member may be retired or discharged at the base of assignment, or another suitable location as directed by HQ AFMPC/DPMARD. If the member requires further hospital care, he or she may be moved to a VA medical facility in the CONUS for further movement by the VA to the overseas area when bed space is available.

d. General Officers. Unless otherwise directed by HQ USAF, Assistant for General Officer Matters (DPG) this section also applies to general officers being retired by reason of physical disability.

4-19. Movement and Orders for Members Assigned Overseas. When disability retirement is directed for a member located outside the CONUS, HQ AFMPC/DPMARD will indicate the overseas CBPO on the retirement order. This will allow the overseas CBPO to publish PCS with PCA orders if the member desires to return to the CONUS. The CBPO gives the member 25 copies of the retirement order and distributes other copies as follows:

a. **Retiring at Non-CONUS Base.** If the member is retiring at overseas duty base, five copies of the orders go to the local accounting and finance office. The CBPO retains sufficient copies for internal use for such things as the unit personnel records group and the relocation folder.

b. **Retiring in CONUS.** When the member will return to the CONUS for retirement, the overseas CBPO sends copies of the orders to the designated CONUS CBPO with an advance notice of the member's arrival date and a copy of the PCS without PCA orders. The PCS without PCA orders will direct the member to report to the designated CONUS CBPO early enough to complete retirement processing, but not more than 5 days before the scheduled date of retirement or date terminal leave is to start. If applicable, the PCS without PCA order will include authorization for movement of dependents and household goods.

TABLE 4-1

INSTRUCTIONS FOR PREPARING AF FORM 1185

LINE	A To Complete		C
	Section	Item	
1	I	1	Name as shown in official records, including Jr, Sr, 2d, 3d, and so on.
2		2	Grade in which serving on active duty.
3		3	Social Security Number (SSN).
4		4	Component in which serving on active duty (RegAF, USAFR, ANG, or USAF without component).
5	II	A	Show any grade held on active duty (in service) that is higher than current grade. Also show any non-Regular component grade that is equal or higher than current active duty grade. FOR ENLISTED PERSONS ONLY: If an enlisted person has served on active duty in a grade higher than current grade, obtain and forward Unit Personnel Records Group, with copy of BLMPs printout, to HQ AFMPC/DPMARD, Randolph AFB TX 78150-6001. UPRG will be returned to servicing CBPO on completion of final action by HQ AFMPC/DPMARD. (Show grade and equivalent pay grade; for example, Maj O-4, MSgt E-7, and so on.) (See notes 1 and 2.)
6		B	Show beginning date for any grade listed in Item II-A.
7		C	Show ending date for any grade listed in Item II-A.
8		D	Show the service number held for any grade listed in Item II-A.
9		E	Show branch of service and component; for example, AF-Res and Army-Reg.
10		F	Show reason for termination.
11	III	5	FOR ENLISTED PERSONS ONLY: Check "Yes" or "No". If answer is "Yes", attach supporting documents to show FROM and TO dates and REASON for lost time. Enter "NA" for officers.
12		6	If member is a non-CONUS resident (that is, his or her "home of record" is outside the CONUS show "home" location (territory, oversea state, or country) in "Remarks" section and state whether member wants to go back to that place to be retired (or discharged). Tell member that travel to non-CONUS "home" area will usually use up "home of selection" rights. If member is now in his or her non-CONUS "home" area, check "NA".
13		7	If any type of nondisability separation or retirement action is pending or contemplated (except ETS); including such actions as resignations, civil criminal court action, OSI investigation, international hold, court-martial and so on; show type of action in "Remarks" section and attach a copy of pending action, if available, otherwise attach a detailed statement describing the nature of the pending action, current status, anticipated completion date, and so on. Do not delay disability processing if Medical Board is complete, sufficient documentation is available to clearly indicate status of other action, processing is not restricted by paragraph 1-2, member is present for duty, and any movement of member is cleared with the responsible military authorities.
14		8	Applicable only to members who are eligible for and elect to proceed to an authorized place in an awaiting-orders status, under chapter 4. If answer is "Yes", show a nonmilitary address (and phone number) in Item 10 where member can be reached after disability processing.
15		9	If answer is "Yes", indicate in "Remarks" section whether member desires retirement or discharge at authorized CONUS port of entry, or at a selected CONUS AF station.
16		10	Fill out for members desiring PCS to a designated place (Item 8), members being transferred to a VA hospital for further hospitalization, members who plan to be in a leave status on scheduled date of retirement. Otherwise show "NA".

(Table continued on next page.)

TABLE 4-1—CONTINUED

LINE	A To Complete		C Enter
	Section	Item	
17	III	11	List former service numbers (if known) for use in identifying prior medical records. Also show any changes in name.
18		12	List current unit of assignment, if different from information in PDS. Show "NA" if information is the same as PDS.
19		13	Fill out for members on flying status, or who have been on flying status during the 12-month period immediately preceding disability processing. Show "NA" if not on flying status or over 12 months since grounding or suspension. If not grounded or suspended, show "still on flying status".
20		Remarks	Complete as indicated. If member was ever in an excess leave status, show dates. Also include sufficient data for determination of entitlement for extraordinary heroism pay, if appropriate.
21	IV		Show date AF Form 1185 was completed; signature, grade, and title of PEBLO; and signature of member (if physically or mentally unable to sign, so indicate).

NOTES:

1. If a RegAF enlisted person holds a higher non-Regular appointment, but has completed less than 10 years of active service indicate the higher grade in item II-A. Also include the following statement in "Remarks" and have member initial it: "Item II-A. I understand that if I am discharged by reason of physical disability, any non-Regular appointment that I hold (except retired Reserve) will be terminated. The notice of the

termination of any such appointment will be shown in the orders directing my discharge."

2. Ensure that member reads the Privacy Act Statement on the Form 1185 and acknowledges understanding that furnishing requested information, including signature, is voluntary; however failure to furnish pertinent information may delay processing of the case.

TABLE 4-2

CBPO ACTION UPON RECEIPT OF DISPOSITION NOTICE

If disposition is	RULE							
	1	2	3	4	5	6	7	8
A return to duty	Yes							
B discharge with severance pay, 6 months or more active service		Yes						
C discharge with severance pay, less than 6 months active service			Yes					
D discharge without severance pay (EPTS) under other than chapter 61, 10 U.S.C.				Yes				
E discharge without severance pay UP 1207, 10 U.S.C.					Yes			
F temporary or permanent retirement						Yes		
G revert with disability benefits (retired members serving on AD)							Yes	
H revert without disability benefits (retired members serving on AD)								Yes
then								
I advise member and furnish a copy of the disposition notice	X	X	X	X	X	X	X	X
J return member to duty status and effect necessary PDS change. (for example, change in assignment availability.) Member is removed from any medical hold status.	X							
K request the medical facility profiling officer review member's profile and, if necessary, revise it as prescribed in AFR 160-43 (see note 3).	X							
L when member serving outside CONUS and elects discharge or retirement in CONUS, overseas CBPO will assign member PCS without PCA to report in sufficient time to allow 2 days processing before discharge or retirement date.		X	X	X	X	X	X	X
M process member for discharge or retirement by this regulation and other separation directives (see note 1).		X	X	X	X	X	X	X
N issue discharge order according to AFR 10-7, para 2-40 and figure 2-1 (see note 2).		X	X	X	X			
O notify HQ AFMPC/DFMARD by most expeditious means if member cannot be retired or discharged on the effective date specified in the disposition message.		X	X	X	X	X	X	X

(Table continued on next page.)

(See notes on next page.)

TABLE 4-2—CONTINUED

		RULE							
		1	2	3	4	5	6	7	8
P	include HQ AFMPC/DPMARD, Randolph AFB TX 78150-6001 on AF Form 100, item 36, for distribution of one copy of the disability separation order.		X	X	X	X			
Q	when member is projected for promotion with an effective date after date of OSAF approval cited in the disposition message, member will be removed according to AFR 39-29 for airmen and AFR 36-89 for officers.		X	X	X	X	X	X	X

NOTES:

1. These instructions also apply to CBPOs servicing members assigned PCS without PCA from non-CONUS areas
2. As authority in AF Form 100, item 32, enter AFR 35-4.

3. Should member have had a temporary "4" profile when the case was referred for disability processing, the profiling officer must revise that profile according to AFR 168-4, para 13-16b(7).

Chapter 5

FINAL REVIEW AND DISPOSITION

Section A—Physical Review Council (PRC)

5-1. Purpose and Responsibilities of the PRC. The PRC is a non-voting group made up of senior officers representing the personnel, medical and legal communities who act as a HQ USAF coordinating agency, rather than a judicial body. The PRC is established to ensure that cases of members being processed through Air Force disability evaluation system are given uniform and equitable consideration under applicable laws, policies, and directives.

a. Actions. The PRC may recommend final disposition to SAF/MIPC, prepare revised recommended findings (RRFs) changing the PEB findings and recommended disposition, or take action as deemed proper to ensure fair and equitable disposition of each case.

b. Delegation of Authority. Certain officers within the office of the Surgeon (HQ AFMPC/SG), the office of the Staff Judge Advocate (HQ AFMPC/JA), and the Directorate of Personnel Program Management (HQ AFMPC/DPMA) are delegated authority by their staff agency head to act as representatives of that agency on the PRC.

c. Administration. The Assistant Deputy Chief of Staff, Personnel for Military Personnel (HQ AFMPC/DPM) exercises general operational and administrative supervision of the PRC through the HQ AFMPC, Director Personnel Program Management (DPMA). HQ AFMPC, Retirements and Separations Division (DPMAR), furnishes administrative support to the PRC as requested or required, including guidance and assistance on the interpretation of laws, policies, directives and procedures. The Retirements and Separations Division Chief obtains necessary coordination or takes other actions, as required, to ensure that the PRC reviews disability evaluation cases as rapidly as possible. To help in the administrative processing, one or more military members (officer or senior enlisted grade) or comparable grade civilian employees, assigned to the Retirements and Separations Division, are designated to serve as PRC recorder as an additional duty. The PRC is located at AFMPC, Randolph AFB TX 78150-6001. The members are assigned to their respective staff agencies for logistics and administration. The Deputy Director, Personnel Program Management is the chairman

of the PRC.

5-2. PRC Review of Cases:

a. Full PRC Review. The facts and circumstances in each case determine the extent of review required. The designated representatives serving on the PRC consider cases in their area of functional responsibility; that is, the medical member of the council reviews the medical aspects of the case, the legal member considers the legal aspects and the personnel member concentrates on the personnel requirements. Each member, however, must be knowledgeable of the laws, directives, and policies that apply to other functional areas and is responsible for bringing any questionable item up for discussion before the council. If the PRC cannot reach an agreement on the disposition of a case, the personnel representative prepares a summary of the case, outlines the actions taken in an attempt to resolve the differences of opinion between the PRC members HQ AFMPC/DPMA sends the case to SAF/MIPC for resolution and final disposition. Any change in the findings or recommended disposition of the PEB must be initiated by the PRC member having primary interest in the subject area requiring change. The member initiating the change is responsible for preparing the revised recommended finding, if required and for coordinating the change with the other PRC members. Each case is reviewed by the full PRC except as indicated in paragraph b below.

b. Exceptions to Full PRC Review. Within the strict guidelines outlined below, the PRC recorder may review certain cases where full PRC review is not deemed necessary to assure the uniform and equal disposition of cases by the disability evaluation system. In these cases the PRC recorder may concur with PEB findings and recommendation on behalf of the PRC. However, if the recorder disagrees, in any way, with the PEB action, the case must be reviewed by the full PRC. The PRC recorder or SAF/MIPC special assistant may request full PRC review of any case where they determine that such review is advisable. The PRC maintains a continuous random check on cases reviewed by the recorder, as a quality control measure. The Chairman of the PRC may modify these guidelines as deemed necessary. The PRC recorder may review cases, on behalf of the PRC, when all of the following conditions are satisfied:

(1) The member has agreed with the unanimous findings and recommended disposition of the informal PEB and will either be retired, discharged with severance pay, or returned to duty.

(2) The informal PEB makes no change in the LOD determinations as recorded on AF Form 618, AF Form 348, or DD Form 261.

(3) Based on SAF/MIPC guidelines, the case will not require submission for full Personnel Council review.

(4) The PEB did not find that the member's disability was the direct result of armed conflict or caused by an instrumentality of war.

(5) The case does not contain a summary statement or a minority report by the PEB.

(6) The case was not considered by the formal PEB.

5-3. Criteria for PRC Changes. The PRC may make changes to the findings and recommended disposition of the PEB only when such changes are required to ensure the proper and uniform application laws, policies, directives, and medical principles to the facts and circumstances of the case. The PRC will not recommend a revision unless there is a manifest error on the face of the record or when accepted medical principles, the weight of medical authority, or the evidence of record do not support the findings and recommended disposition of the PEB. The PRC member who proposes a change must completely document and describe the factual basis for the revision. If the revision is based on the application of accepted medical principles, the principle(s) at issue must be specifically identified, documented, and related to the facts and circumstances established in the record of the proceedings of the PEB. Changes by the PRC are classified as either major or minor changes based on their effect on the ultimate disposition of the case.

a. Major Changes. Revisions that may change the ultimate disposition of a case so as to deny, or decrease compensable disability benefits for the member are considered to be major changes. Such changes must be referred to the member in the form of a RRF for his or her agreement or disagreement, unless the change completely satisfies the member's rebuttal. Major changes include the following:

(1) Combined compensable rating lowered to less than 80 percent.

(2) Permanent retirement changed to temporary retirement, regardless of the combined compensable rating.

(3) Temporary retirement changed to per-

manent retirement, if the combined compensable rating is less than 80 percent.

(4) Discharge with severance pay changed to any other disposition.

(5) Discharge without severance pay changed to any other disposition.

(6) Return to duty or removal from TDRL (fit) changed to any other type of disposition.

(7) Any other type of disposition changed to return to duty.

(8) Any change in determination concerning armed conflict or instrumentality of war that may have an adverse affect on member's rights under the law.

(9) Any adverse change to a LOD determination.

(10) A change from any other disposition to temporary retirement at 100 percent with an EPTS factor which may adversely affect the member's ultimate disability benefits on final disposition of the case.

b. Minor Changes. Revisions which do not qualify as major changes are considered minor changes and are not normally referred to the member. Minor changes include the following:

(1) Temporary retirement changed to permanent retirement, if the combined compensable rating is 80 percent or more.

(2) Increase in the compensable disability rating.

(3) The recommended disposition of the PEB is discharge with severance pay and the PRC change is to lower the compensable percentage.

(4) Decrease in percentage rating, but the final combined compensable rating is 80 percent or more.

(5) Any other change that will not decrease the member's compensable disability benefits.

5-4. RRF Processing. A revised recommended finding is required when the PRC makes a major change, as defined in paragraph 5-3a, that does not completely satisfy the member's rebuttal. HQ AFMPC/DPMARD forwards the RRF to the PEBLO at the referring medical facility with a cover letter which states the required time limit for the member's response and includes instructions and an explanation of the options available. For members on the TDRL, HQ AFMPC/DPMARD sends the RRF directly to the member (or NOK) along with a letter of instructions.

a. Time Limit. The member (or NOK) has 5 duty days to agree or disagree with the RRF. Upon written request, HQ AFMPC/DPMARD may approve a reasonable extension to this time limit.

b. Counseling. The PEBLO, or PEB Counsel, must counsel the member (or NOK) concerning the revised findings and the options available to the member. If required, the PEBLO should also review the basic counseling on the disability evaluation system with the member. The PEBLO is responsible for getting the RRF to the member (or NOK) as soon as possible and for ensuring that the member knows what action is required and the time limit involved. If the member is no longer at the referring facility, the PEBLO may request assistance in counseling the member from the PEBLO or Patient Affairs Officer at the medical facility nearest the member's (or NOK's) current location. In the case of TDRL members, HQ AFMPC/DPMARD provides counseling and instructions by letter.

c. Action by the Member (or NOK). The member (or NOK) should carefully read the RRF and the cover letter. After required counseling, the member (or NOK) must indicate either agreement or disagreement with the RRF by signing and dating the statement indicating their election. They must return the signed election statement to HQ AFMPC/DPMARD within the prescribed time limit. The member (or NOK) must elect one of the following options:

- (1) Agree with the RRF.
- (2) Disagree with the RRF and request a formal PEB hearing. This option is available to all members whose cases have not previously been considered by the formal PEB. When the member requests a formal hearing, the PEBLO will proceed according to paragraphs 3-11b and 3-16. HQ AFMPC/DPMARD will schedule formal hearings for TDRL members and publish orders authorizing their travel to the formal PEB at government expense.

- (3) Disagree with the RRF and Submit a Written Rebuttal. This option is available only to members whose cases have been considered previously by the formal PEB and to TDRL members who choose to waive their right to a formal hearing. Members who elect this option must submit the signed election statement along with their written rebuttal within the prescribed time limit. Refer to paragraph 3-29b for guidance concerning suggested content of the written rebuttal.

Section B—SAF Personnel Council

5-5. SAF/MIPC Review. Under the provisions of Title 10 U.S.C., chapter 61, the Secretary of the Air Force has the authority to retire or separate

those individuals who are found unfit to perform the duties of their office or grade due to physical disability. The SAF/MIPC reviews disability cases, makes recommendations to the Secretary and announces the final decision of the Secretary. The following boards, within the Personnel Council, review disability cases:

a. Air Force Personnel Board. This board reviews all disability cases forwarded by the PRC which do not involve a revised recommended finding. The Personnel Board is composed of three voting members and at least one member must be a medical officer when the board is considering a disability case.

b. Air Force Physical Disability Appeal Board (PDAB). The PDAB reviews all disability cases where the member submits a rebuttal to a PRC or Personnel Board RRF. The board is composed of five voting members, at least two of whom must be medical officers.

5-6. Special Assistants to the Director, SAF/MIPC. To assist in the review of disability cases, the Director of the SAF Personnel Council may appoint one or more officers, or comparable grade civilian employees, to serve in an additional duty capacity as special assistants to the Director, Secretary of the Air Force Personnel Council. The special assistants are selected from among members permanently assigned to HQ AFMPC/DPMARD. Under strict guidelines set forth by the Personnel Council, the special assistants are authorized to sign for the Director, SAF/MIPC, in certain routine cases, announcing the decision of the Secretary of the Air Force and directing final disposition on behalf of the Secretary.

a. The Director, SAF/MIPC, provides the special assistants with specific guidelines and instructions for processing particular types of cases and outlines limits of authority. The Director may revise, change, or rescind such instructions and guidelines at any time that such change is deemed appropriate.

b. Review by a special assistant does not preclude full Personnel Council review. As a quality control measure, SAF/MIPC makes periodic checks on the cases reviewed by special assistants. A special assistant may send any case to the Personnel Council when it appears that a decision from SAF/MIPC is warranted.

5-7. When Special Assistants May Act. Officers designated as special assistants to the Director, SAF/MIPC, are authorized to sign for the Director in the following circumstances:

a. The PRC fully concurs with or makes minor changes to the PEB findings with which the member has concurred.

b. The PRC makes major changes to the PEB findings that completely satisfy the statement of rebuttal submitted by the member.

c. The PRC makes a major change in the findings of the PEB and the member concurs with the revised recommended findings of the PRC.

d. Member's status must be terminated for failing to report for examination after 5 years on the TDRL.

e. Based on review of medical report of TDRL member, the informal PEB recommends removal from TDRL (fit). Member either fails to reply to correspondence advising him or her of the recommendation or does not concur and requests processing by a formal PEB. Member subsequently fails to report for a formal PEB as directed. The PRC then recommends removal from the TDRL and discharge without benefits.

f. The PRC fully agrees with the recommended findings of the formal PEB which the member has received, but member either:

(1) Fails to acknowledge or respond thereto;

or

(2) States he or she does not desire to submit a rebuttal even though he or she does not concur.

g. Routine grade determination when the member:

(1) Served 6 months or more in a higher grade and there is no indication in the record that such service was other than satisfactory; or

(2) If qualified for retirement in a higher grade but requests retirement in his or her current active duty grade because computation of retired pay based on the current grade, is more favorable.

5-8. When Cases Must Be Forwarded to SAF/MIPC for Decision. The following types of cases will be forwarded to SAF/MIPC for necessary action:

a. Cases in which the member does not concur and submits a rebuttal to the recommended findings of the PEB and the PRC does not completely satisfy the rebuttal.

b. Cases where the member has more than 8 years of active service and the recommended disposition is separation from active service for physical disability without entitlement to any benefits under 10 U.S.C. 1207 (intentional misconduct, willful neglect, or unauthorized absence).

c. General officer cases.

d. All cases that have met a PEB and the PRC

is of the opinion that the member is not eligible for processing under the provisions of AFR 35-4.

e. Cases in which the PRC or a special assistant, SAF/MIPC, believes that a decision from the SAF/MIPC is required, or where the membership of the PRC cannot reach agreement on disposition.

f. Cases in which the member has more than 15 years of active military service and discharge with severance pay is recommended.

g. All cases involving Air National Guard and Reserve personnel who are not on extended active duty (normally active duty for training or inactive duty for training).

EXCEPTION: those cases where member is being retained on TDRL.

h. Any case where the member has completed 3 years of active military service in the period of 3 years and 90 days prior to the informal PEB receiving the MEB and (1) a ratable defect is congenital, hereditary, or familial, or is for other reasons considered EPTS, and (2) separation under other than chapter 61 is recommended.

i. All cases wherein the PRC recommends a change to a LOD determination made under AFR 35-67 or concurs with a PEB recommendation for such a change.

j. All cases wherein the PRC makes an adverse change to any of the medical findings as cited in items 24c through h on AF Form 618, or concurs with a PEB recommendation to such a change.

k. All dual action cases where member is under court-martial charges or has involuntary non-disability action pending under AFRs 36-2, 36-12, and 39-10 and has been found unfit by the PEB or PRC.

l. Cases where either the PRC or PEB has determined that the VA rating, which is ordinarily applicable, is excessive or inadequate or cannot be applied. An explanation of the reasons must be included.

m. Cases involving members assigned to HQ AFMPC/DPMAR, the PEB the PRC, and SAF/MIPC will be reviewed by SAF/MIPC. This requirement will continue for 2 years after member's reassignment from any of the above-named organizations.

n. Grade determination:

(1) Any case involving a general officer.

(2) Any case in which the member served in the higher grade less than 6 months.

(3) Any case in which the higher grade was terminated for cause, or there is an indication in the record that the service was other than satisfactory except in cases where the member was

honorably discharged in that higher grade from a previous period of service and had held the grade for a period of 6 months or more.

(4) Any case in which the member is being retired or discharged for disability in lieu of non-disability separation or demotion for either administrative or punitive action.

o. Medical Corps cases having a final recommendation of unfitness.

p. Prisoner of War (POW) and Missing in Action (MIA) Cases.

q. Cases where the member fails to submit rebuttal to the formal PEB within time limitation established by this regulation.

r. Cases where no reexamination report is received on TDRL members imprisoned or confined by civil authorities, or where the report received is inadequate.

s. Cases where members are found unfit incidental to voluntary or mandatory length of service retirement processing.

5-9. Personal Appearance. Neither the member (nor NOK) nor counsel may appear before any of the boards within the Personnel Council, except at the specific invitation of the particular board. The boards usually review only the records evaluated by the PEB and reviewed by the PRC, plus any rebuttal or additional documents submitted by the member or requested by SAF/MIPC.

5-10. Copies. HQ AFMPC/DPMARD forwards a copy of the PDAB proceedings to the member with the final disposition. HQ AFMPC/DPMARD provides the member with information relative to the proceedings of the Air Force Personnel Board only when that board disagrees with the findings and recommended disposition in the specific case.

5-11. SAF/MIPC Action. The Personnel Council will take one of the following actions in each disability case:

a. **Defer Action.** Defer final determination until receipt of additional records or reports deemed essential to final evaluation and disposition of the case.

b. **Return for Further Action.** Return the case with specific directions concerning actions which must be completed prior to resubmission of the case to SAF/MIPC. (For example; further medical evaluation to secure additional information concerning fitness for duty or duty status.)

c. **Direct Administrative Discharge.** SAF

may direct discharge under some other applicable directive or provision of law when such action is determined more appropriate than retirement or discharge for disability under this regulation.

(1) Direct final disposition according to this regulation and chapter 61, 10 U.S.C. as outlined in paragraph 5-12.

(2) Acting on behalf of the Secretary of the Air Force, SAF/MIPC may direct some other specific disposition of the case, as long as such disposition is not specifically prohibited by law.

5-12. Directed Disposition After Complete Review. SAF/MIPC will direct final disposition on behalf of the Secretary of the Air Force. Except as indicated in paragraph 5-11, final directed dispositions will be one of the following:

a. **Return to Duty.** Member is physically fit for further military service.

b. **Permanent Retirement.** Member is physically unfit and permanent disability retirement is directed under 10 U.S.C. 1201 or 1204.

c. **Temporary Retirement.** Member is physically unfit, but condition has not stabilized and placement of the TDRL is directed under 10 U.S.C. 1202 or 1205.

d. **Discharge With Disability Severance Pay.** Member is physically unfit but does not meet the requirements for disability retirement and discharge with severance pay is directed under 10 U.S.C. 1203 or 1206.

e. **Discharge Under Other Than 10 U.S.C., Chapter 61.** Member is physically unfit, but is not entitled to disability benefits provided under 10 U.S.C., chapter 61. Members whose unfitting conditions existed prior to service, or were incurred while member was in excess leave status are discharged under this provision.

f. **Discharge Under 10 U.S.C. 1207.** Member is physically unfit but is not entitled to disability benefits because disability was caused by intentional misconduct or willful neglect, or incurred during a period of unauthorized absence. Discharge without severance pay under 10 U.S.C. 1207 is directed.

g. **Removal From TDRL (Fit).** TDRL member is physically fit and removal from the TDRL is directed under 10 U.S.C. 1201(c). If otherwise eligible, member has options for return to duty under 10 U.S.C. 1211.

h. **Retain on TDRL.** Member is physically unfit but condition has not stabilized and retention on the TDRL is directed.

i. **Revert to Retired List.** Depending on the circumstances of the case, a retired member serving

on active duty may revert to the retired list as outlined in 10 U.S.C. 1402 with or without disability benefits.

Section C—DOD Review and Approval

5-13. Secretary of Defense Approval. Public law and DOD policy requires DOD review and (or) approval in certain disability cases.

a. Review. Before the Secretary of the Air Force may retire or discharge general officers or medical corps officers for disability, their case must first be reviewed by the Assistant Secretary of Defense for Health Affairs (ASD/HA). DOD established this review requirement to ensure fair and consistent application of DOD policies by each of the military departments determining the physical fitness on general officers and physicians. Except as indicated in b below, the Secretary of the Air Force retains the final approval authority.

b. Approval. In cases where the general officer and medical corps officer was being processed for retirement by reason of age or length of service before the case was referred for disability processing, the Secretary of Defense must approve the unfitness determination before the Service Secretary may retire or discharge the officer for disability. This requirement is contained in 10 U.S.C. 1216(d) and pertains to all military services.

5-14. Routing Cases To and From DOD. Any case that may require DOD review or approval (paragraph 5-13) is processed through the PEB and PRC (as outlined in this regulation) the same as any other disability evaluation case. After PRC action, the case is sent to the SAF/MIPC by HQ AFMPC/DPMARD, under guidelines set forth by the SAF/MIPC. If the final decision of the SAF/MIPC is that the officer is "unfit" and should be retired or discharged by reason of physical disability, the case is sent by them to DOD for review and, if required, approval. After DOD action, the case is returned to HQ AFMPC/DPMARD through SAF/MIPC for necessary administrative action to carry out the disposition directed.

Section D—Final Disposition Processing.

5-15. Service Computation. When a member is approved for disability retirement or discharge, creditable service is computed as outlined in 10 U.S.C. 1208. The amount of creditable service is included in the disability retirement order or discharge disposition instructions.

5-16. Pay Computation. The responsibility for the final pay computation rests with the Air Force Accounting and Finance Center, Retired Pay Section (AFAFC/RPT). Their computation is based on information contained in the special orders and data entered into the JUMPS by the servicing CBPO at time of retirement or discharge. (See paragraphs 3-66 and 3-68 and AFM 30-130, volume I, chapter 17, for additional information and instructions on this action.)

(NOTE: Severance pay for reservists is computed by Air Force Accounting and Finance Center, MPPA for unit members and HQ AFAFC/MPSA for non-unit members).

a. Disability Retired Pay. Two different formulas for computing retired pay may be used (table 5-1). Computation may be based on years of creditable service or on percentage of disability, whichever is more beneficial to the member. In addition, if the member is entitled to pay, computation under some other provision of law that would result in greater retired pay, he or she may be paid under the most favorable formula. AFAFC/RPT will compute retired pay under all applicable formulas and select the one most favorable to the member unless they specifically request that their retired pay be computed at some lower rate authorized by law. In accordance with 10 U.S.C. 1401 and 8991, retired pay may not exceed 75 percent of the amount upon which the computation is based.

b. Increased Retired Pay for Extraordinary Heroism. Enlisted members retiring with a disability rating of 70 percent or less who are also eligible to retire for years of service may be considered for additional pay based on extraordinary heroism if they meet the requirements set forth in AFR 35-7. SAF/MIPC is the approval authority for these actions and retired pay including the heroism additive, cannot exceed the 75 percent statutory limit. For a member to be considered, the PEBLO or the member must make a notation in the "Remarks" section of the AF Form 1185 showing the type of award. Copies of supporting documents should be attached to the AF Form 1185 when it is sent to HQ AFMPC/DPMARD by the referring facility; however, late submissions may be accepted if the member is otherwise qualified.

c. Recomputation of Retired Pay for Later Active Duty. Disability retired pay may be recomputed to reflect the performance of active duty after retirement, if the member meets all the requirements outlined in 10 U.S.C. 1402. AFAFC/RPT is responsible for all retired pay computa-

tions, including recomputation to reflect later active duty.

5-17. Grade on Retirement. Unless entitled to a higher retired grade under some provision of law, members retired for disability retire in the highest of the following grades (10 U.S.C. 1372):

a. Grade in Which Serving. The permanent or temporary grade in which the member is serving at time of retirement.

b. Higher Reserve Grade. The Reserve grade held by the member at time of retirement if it is higher than the grade in which serving on active duty. The Reserve grade must be a valid USAFR or ANG grade that is still in effect at the time of retirement.

c. Higher Grade. A higher permanent or temporary grade in which the member served satisfactorily on active duty, as determined by the Secretary of the Air Force. Service in a higher grade is usually deemed satisfactory unless:

(1) The higher grade was terminated for cause. Exception will normally be made in cases where the member was honorably discharged in that higher grade during a previous period of service and had held the grade for a period of 6 months or more.

(2) Information in the member's service record clearly supports the conclusion that the member would have been discharged or demoted for cause at the time he or she held the higher grade.

(3) Member served on active duty in higher commissioned grade for less than 6 months.

5-18. Grade on Discharge. In general, the discharge grade will be the higher of the following (10 U.S.C. 1212):

a. Grade in Which Serving. The permanent or temporary grade in which the member is serving at time of discharge.

b. Higher Grade Determined by SAF. A higher permanent or temporary grade in which the member served satisfactorily on active duty, as determined by the Secretary of the Air Force.

5-19. Disposition of Officer Appointments Upon Disability Retirement or Discharge. Officer appointments, held at the time of disability retirement or discharge, are disposed of as follows:

a. Discharge of Officers. All appointments held by an officer are terminated upon discharge for disability. The termination of the appointment is shown in the discharge order.

b. Retirement of Regular Officers. The

appointment of a Regular officer is not terminated when the member is permanently retired or placed on the TDRL.

c. Retirement of Reserve Component Officers. The appointment of a USAFR or ANG officer is not terminated when the member is permanently retired for disability or placed on the TDRL. The retirement order transfers the member to the Retired Reserve.

5-20. Enlisted Status at Time of Retirement or Discharge. The member's enlisted status, as well as any appointment held by the member are terminated at the time of discharge for disability. The enlisted status is also terminated if a Regular enlisted member is retired for disability in a higher commissioned grade. However, a USAFR or ANG enlisted member being retired for disability is transferred to the Retired Reserve. This action is reflected in the retirement order.

5-21. Retired Reserve. Rules for transfer or assignment to the Retired Reserve are outlined in AFR 35-7.

5-22. Date of Disability Retirement or Discharge. The effective date of retirement or discharge is determined within the Office of the Secretary of the Air Force. It is shown in the retirement order or letter of instructions sent to the CBPO by HQ AFMPC/DPMARD. The effective date usually will not exceed 20 calendar days from the date of the Secretarial determination of unfitness. This 20 day rule is imposed on the military services by DOD as a result of criticism and suggestions contained in two separate US General Accounting Office reports forwarded to DOD through the Comptroller General of the US. The purpose of this rule is ensure fair and equitable treatment of all members and to speed disability processing, thereby reducing the amount of appropriated funds spent on the retention, in a duty status, of physically unfit members (Comp Gen 168308, 19 May 1973).

a. Exceptions. To help speed the orderly disposition of disability evaluation cases, HQ AFMPC/DPMARD is delegated authority to make limited exceptions to the 20 day rule. A retirement or discharge date of less than 20 days may be approved, at the request of the member or the member's commander, when it is deemed to be in the best interest of all concerned and when the CBPO can complete final processing by the designated date. HQ AFMPC/DPMARD may adjust the retirement or discharge date to avoid

final processing on a holiday or weekend. For members located outside the CONUS, who elect to return to the CONUS for final processing, HQ AFMPC/DPMARD will establish a retirement or discharge date not more than 37 calendar days after the Secretarial determination of unfitness. HQ AFMPC/DPMARD may approve limited extensions in cases where the member is facing a personal hardship over and above that encountered by other members being retired or discharged for disability.

b. Special Cases. Unless a later date is approved, the date of discharge for basic trainees at the Air Force Military Training Center, is 3 duty days after receipt of the Secretarial determination of unfitness. HQ AFMPC/DPMARD may designate other disability cases for retirement or discharge to be effective in less than 20 calendar days and notify all concerned.

5-23. Orders or Disposition Instructions.

Final disposition is on AF Form 2653 Retirement Special Order, Physically Unfit, prepared by HQ AFMPC/DPMARD. The orders or disposition instructions constitute the official notice to the member of final action. They are

sent to the CBPO for action for members on active duty. For members on TDRL, the orders or disposition instructions are sent directly to the member. Copies of all retirement orders are sent to AFAFC/RPT. The retirement date is entered into the PDS, RPDS, and JUMPS. When applicable, retirement orders for active duty members will contain fund citations covering travel of the member and his or her dependents and the shipment of household goods as authorized by JTR, volume I.

5-24. Appeal Procedures. If, after final action has been announced, the member believes that the disposition of the case constitutes an error or injustice, he or she may appeal through application to the Air Force Board for the Correction of Military Records (BCMR) under AFR 31-3. If BCMR action does not result in the desired corrective action, the next course of action is a civil appeal to the US Court of Claims. If the member is not satisfied with the results of these appeals, the last course of action is to submit a petition to Congress, through one of its members, to sponsor private legislation authorizing the desired relief.

TABLE 5-1

COMPUTATION OF DISABILITY RETIRED PAY

R U L E	A	B	C
	If the member	then take the monthly basic pay (see note 2) of the grade to which member	and multiply by 2.5 percent times the years and months of service under 10 U.S.C. 1208 (see note 3). OR, the percent disability, whichever is higher
1	permanently retired	is entitled under paragraph 5-15.	on date retired.
2	placed on TDRL (see note 1)		
3	removed from the TDRL and permanently retired	was entitled on the date member's name was placed on TDRL	at time of removal from the TDRL.

NOTES:

1. When placed on TDRL, retired pay will not be less than 50 percent of the monthly basic pay on which the computation is made, and the rate of retired pay will not be affected by any later changes in the percentage of member's disability that may occur as a result of reexamination while still carried on the TDRL.

2. Normally the applicable rate of basic pay to which member is entitled on day of retirement, OR, if eligible and applicable, some other (more favorable) rate (under the save pay or Tower amendment provisions) as outlined in paragraph 3-70 with maximum pay being 75 percent of the base amount on which computed (10 U.S.C. 1401, 1401a, 8991).

TABLE 5-2

COMPUTATION OF DISABILITY SEVERANCE PAY

R U L E	A	B
	If the member is being	then take member's years of service, but not more than 12, computed under 10 U.S.C. 1208 (see note 1) and multiply by
1	initially discharged with disability severance pay	Twice the amount of monthly basic pay of the grade to which member is entitled under paragraph 5-17
2	removed from the TDRL and discharged with disability severance pay	the higher of the following: twice the amount of monthly basic pay to which member would be entitled while serving on active duty on the date when he or she is discharged (with severance pay) and in the highest AD or Reserve component grade to which entitled as provided in paragraph 5-17 OR twice the amount of monthly basic pay to which member would have been entitled while serving on active duty on the date when his or her name was placed on the TDRL and in the highest grade to which entitled as determined by the Secretary of the Air Force as provided in paragraph 5-17 (see note 2).

NOTES:

1. A part of a year that is 6 months or more is counted as a whole year, and a part of a year that is less than 6 months is disregarded (10 U.S.C. 1212 and 37 Comp Gen 823). Since less than 6 months is disregarded, a member with less than 6 months' creditable service will not receive severance pay.

inasmuch as the member has no years of service to use as a multiplier. (Maximum disability severance pay limited to 24 months' pay of the grade in which discharged (10 U.S.C. 1212). 3-64, 5-18 and 5-20)). 2. Rate of pay will be as of the date member's name was placed on the TDRL.

Chapter 6

LIMITED ASSIGNMENT STATUS (LAS)

Section A—Purpose and Eligibility

6-1. Basic Eligibility. Certain members, who have been found physically unfit by a PEB, may continue to serve on active duty in LAS with certain limitations and controls over their assignments. This option is open only to members on EAD who meet the eligibility criteria in paragraph 6-3. Members who have some type of nondisability retirement or separation pending are not eligible for LAS. To be considered for LAS, members must apply as outlined in section B.

6-2. Policy and Objective. Under general guidelines set forth by the Secretary of Defense, the Secretary of the Air Force may defer the final disposition of members who are found physically unfit by a PEB and who request LAS. Medical Corps officers and general officers must first be recommended as being unfit by ASD/HA before LAS may be considered. Retention in LAS depends upon the type and extent of the member's physical defect or condition, the amount of medical management and support needed to sustain the member on active duty, the physical and assignment limitations required, the years of service completed and the Air Force need for the particular grade and specialty. The main objective of the LAS program is to conserve manpower by keeping needed experience and skills which can be economically used even with limitations. A member will not be retained in LAS just to increase benefits or to complete a period of service. Members on active duty in LAS must be of value to the Air Force and such retention must fully meet current personnel manning requirements. Members who are not physically fit for active duty without restriction have no legal or vested right to retention in LAS and retention is not guaranteed for any specified period of active duty. Members on LAS may be retired or discharged for disability at any time as a result of reevaluation. Members retained in LAS will not be presumed to be physically fit because of continued active duty; their fitness or unfitness will be determined on the evidence of record before the PEB at time of final retirement or discharge. Authority to carry out policies and objectives of the LAS program are delegated as follows:

a. AFMPC Action. Under the general guidelines set forth by DOD, the Assistant Deputy Chief

of Staff, Personnel for Military Personnel (HQ USAF/DPM), may make use of the LAS retention program to fill valid military requirements for members in specific grades and specialties.

b. Delegation of Authority. Designated representatives within the offices of HQ AFMPC, Surgeon (SG), Directorate of Assignments (DPMR), and Directorate of Personnel Program Management (MPCA), are delegated authority to act for HQ USAF/DPM in the processing and approval of requests for retention in LAS.

6-3. LAS Retention Eligibility Criteria. The nature of the Air Force mission requires that each member be available for immediate assignment anywhere in the world. Retention of physically unfit members is an exception to this policy, and the number of such members retained in LAS must be extremely small. Members who have completed 15 to 20 years of active duty, who have physical defects or conditions that limit their worldwide assignment availability, and who have been found unfit by a PEB, may be considered for retention in LAS. However, a member will not be retained in LAS unless the physical defect or condition has essentially stabilized or, based on accepted medical principles, shows either gradual improvement or slow progression. Members must be able to function in a normal military environment without adverse effect on his or her health, or the health of others and without need for an excessive amount of medical care. The following guidelines will be used when considering members for retention in LAS and during reevaluation of members in LAS:

a. From 15 to 20 Years Active Duty. Members with 15 to 20 years of AD may be considered, if there is a need for their particular grade and specialty.

b. Over 20 Years Active Duty. Members with 20 or more years of AD are not usually considered for LAS unless there is a unique and overriding requirement for their particular specialty and their only restriction is to a base with adequate military medical facilities to provide the required medical support or with an equivalent civilian medical facility close by. Retention under this category may be for a specified number of years or until the member completes the maximum number of years of service for his or her grade. However, LAS may be terminated at any time based on medical reevaluation and the needs of the Air Force.

d. Exceptions. The AFMPC Commander (CC), acting through the delegated representatives, may establish additional exceptional criteria for the retention in LAS of members with less than 15 years active duty or members with specific physical defects or conditions, provided there is a valid military requirement for their grade and specialty.

6-4. Requirements for Members Retained in LAS. The following rules apply uniformly to all members retained in LAS.

a. Periodic Medical Examinations. Members in LAS must be examined at least once a year and their continued retention depends on the results of the examination as well as the need for their particular grade and specialty. The report of examination must show the current status of the unfitting physical defects or conditions for which they were retained in LAS and the status of any additional physical defects or conditions that may have an effect on their duty performance.

b. Service Commitments. Members in LAS must complete any active service commitments they incur unless their overall physical condition deteriorates to a point where they are no longer acceptable for retention in LAS.

c. Assignment Limitation Identification. Members in LAS are identified in the PDS with an assignment limitation code (ALC) as outlined in AFR 300-4 (ADE AS-730). For members retained in LAS, HQ AFMPC/DPMARD inputs the LAS code on enlisted members but furnishes the LAS code to the appropriate servicing CBPO for all officers. They furnish the authorization for the addition of the suffix "L" to the Physical Profile Serial as outlined in AFR 160-43.

d. PEB Evaluation. LAS members will not be retired, discharged, or released from active duty, except by court-martial action, until evaluated by a PEB.

e. Inquiries. Inquiries concerning the status or disposition of LAS cases should be addressed to HQ AFMPC/DPMARD.

Section B—LAS Processing Rules

6-5. Application Procedures. Members who have been found unfit by a PEB, or by ASD/HA for cases involving general and medical officers, may request retention in LAS by submitting AF Form 1186, Retention In Limited Assignment Status. Members evaluated by the informal PEB must have agreed with the board's recommended disposition before applying for

LAS. Members evaluated by the formal PEB must have agreed with the recommended disposition, or disagreed and submitted a rebuttal, before applying for LAS. PEB action must be completed, in all cases, because the PEB proceedings are filed without further action if LAS is approved. If LAS is not approved, the PEB recommendation will be processed to a final determination. Application procedures are as follows:

a. Application for LAS. The PEBLO, registrar, or PEB counsel, as applicable, will prepare the AF Form 1186 and complete the "Personnel Data" portion of the form. AF Form 1186 is prepared in four copies. The PEBLO or PEB counsel will counsel the member on the purpose, policy, and objectives of the LAS program before the member signs the forms. Three copies of the AF Form 1186 must be sent to HQ AFMPC/DPMARD and one copy is given to the member. Special conditions follow:

(1) **Assigned Patients.** Enlisted members who are assigned to a medical facility in a PCS patient status must include the information required by AFR 39-11, chapter 7 on the back side of the AF Form 1186, plus any other information needed for LAS assignment action.

(2) **Alternate Procedures.** When the application for LAS is prepared at the referring medical facility, the PEBLO may send AF Form 1186 to HQ AFMPC/DPMARD along with AF Form 1180. If the member has a formal PEB, AF Form 1186 is sent with the PEB proceedings and case record.

b. Personal Statement. Members who wish to stay on active duty in LAS may attach a personal statement to AF Form 1186 giving any information they believe important to their case. This statement may cite matters of record that the member feels should be reviewed, but no other statement or documents may be attached to the AF Form 1186 when it is sent to HQ AFMPC/DPMARD. Members may request a delay, not to exceed 3 duty days, to prepare the personal statement. If it is not received within the 3 day period, the PEB proceedings will be processed to completion.

c. Counseling the Member. The counselor must ensure that the member understands both the approval procedures and the reevaluation requirements as well as the possibility of an unscheduled termination of LAS.

6-6. AFMPC Processing of LAS Applications. On receipt of AF Form 1186, HQ AFMPC/DPMARD reviews the application to ensure the

member meets the general eligibility criteria in paragraph 6-3. If the member is not eligible, AF Form 1186 is returned to the member through the CBPO or referring medical facility, as applicable. A cover letter with AF Form 1186 advises the member that the application for LAS does not meet the basic eligibility requirements. When the request for retention in LAS meets the basic eligibility standard, it will be processed as follows:

a. Medical Review. HQ AFMPC/DPMARD sends AF Form 1186 and allied papers including the PEB findings and recommended disposition and all available medical records to HQ AFMPC/SGM for review. HQ AFMPC/SGM determines member's medical acceptability for LAS retention and appropriate assignment limitations. After completion of their review, they annotate the applicable assignment limitations, if approved, or indicates disapproval with the reason in the medical review portion of AF Form 1186. The case is returned to HQ AFMPC/DPMARD for further action.

b. Assignment Determinations. When HQ AFMPC/SGM determines that the member is medically acceptable for LAS retention, HQ AFMPC/DPMARD sends the case to HQ AFMPC/DPMR for all enlisted persons and officers below the grade of colonel, HQ AFMPC, Assistant for Colonel Assignments (DPMO) for all colonels, and to HQ USAF, Assistant for General Officer Matters (DPG) for all general officers. The functional area resource manager must determine if the member can be productively used within the limitations specified by HQ AFMPC/SGM. The resource manager enters the decision in the personnel review portion of AF Form 1186 and returns the case to HQ AFMPC/DPMARD for further action.

(1) **LAS Assignment Approved.** The resource manager must indicate approval and annotate the correct assignment limitation code on AF Form 1186. If the member has over 19 years of active duty, a statement must be added on the AF Form 1186 documenting the unique and overriding need for the member's services and specifying a recommended period of retention.

(2) **LAS Assignment Not Approved.** The resource manager indicates disapproval on AF Form 1186.

c. Final Disposition of LAS Approvals. After action by the Medical Standards Division and the resource manager, HQ AFMPC/DPMARD completes administrative processing, notifies the member of approval, through the CBPO or referring medical facility, and advises

appropriate officials of the LAS code and assignment limitations.

(1) **Over 19 Years.** When LAS approval is recommended and the member has over 19 years of active duty, the case is sent to HQ AFMPC/DPMARD for final approval and confirmation of the recommended period of retention.

(2) **Other LAS Approvals.** When the member has 15, but less than 20 years of active duty, notification to the member must specify that retention is not for any specific period of time but will not normally exceed 20 years active duty.

(3) **LAS Termination Date in PDS.** Unless otherwise directed, the CBPO inputs an LAS expiration date in the PDS which is the same date the member completes 20 years active duty. For members with over 19 years service, the termination date of the approved period of retention is input in the PDS.

d. LAS Disapprovals. When the member is not medically acceptable for retention in LAS or when the resource manager determines that retention is not justified, HQ AFMPC/DPMARD advises the member of the disapproval through the CBPO or referring medical facility, and takes action to complete the final review of the PEB action.

Section C—LAS Reevaluation

6-7. LAS Reevaluation Policy. Members retained in LAS must undergo periodic or annual medical examinations as directed by HQ AFMPC/DPMARD. Reevaluations will consider the current status of medical limitation and the need for the particular grade and specialty. Reevaluations may be directed at any time to assist in the management of LAS members or to meet current personnel manning requirements. A reevaluation may consist of a general medical examination or may include a MEB and PEB. The commander of a member in LAS may, at any time, refer the member to a local medical facility for evaluation if the member cannot satisfactorily perform duties in his or her grade and specialty. In such cases, disposition will be made as outlined in AFR 160-43, AFR 168-4, and this regulation.

6-8. Reevaluation Procedures. HQ AFMPC/DPMARD advises the CBPO Manning Control Unit (DPMUM) by letter when an LAS reevaluation is due and directs them to schedule the LAS member for a medical examination.

a. CBPO/DPMUM Action. The CBPO schedules the examination at the nearest facility; tells

both the member and the member's commander of the date, place and reason for the examination; and makes sure the medical facility has a copy of the letter stating the reason for the examination.

b. Medical Facility Action. The medical facility conducts the examination and sends the completed report to HQ AFMPC/DPMARD within 30 days of the date of the request for reevaluation. If the examination cannot be completed within the time limit, the examining facility must advise HQ AFMPC/DPMARD of the reason for the delay and the date the examination will be completed and forwarded. When processing by MEB is directed or required, the medical facility must follow guidance in AFRs 160-43, 168-4 and this regulation. Unless an MEB is requested or required, the physical examination need not be extensive, but must be in enough detail to allow evaluation of the member's overall condition with special emphasis on the condition for which the member was first placed on LAS. In most cases SF 502, Clinical Record—Narrative Summary, or SF 513, Clinical Record—Consultation Sheet, is adequate. Regardless of the format, the medical report must include sufficient information to document the following items:

(1) Interim Medical History. Interim developments, including any changes since last LAS evaluation.

(2) Other Defects or Conditions. Those that may contribute to the member's overall physical disability.

(3) Present Medical Support. Current therapy and treatment requirements.

(4) Present Duty Performance. Member's functional impairment as it relates to ability to perform duties.

(5) Statement of Opinion. The examining physician's opinion as to whether the member may still be considered medically acceptable for retention in LAS. If considered acceptable, the physician should also specify if the present assignment limitations are still valid and whether the member is still considered physically unfit for return to full military duty.

c. AFMPC Action. Upon receipt HQ AFMPC/DPMARD sends the current physical examination and the entire LAS case file to HQ AFMPC/SGM for review.

(1) HQ AFMPC/SGM Action. HQ

AFMPC/SGM reviews the case and determines if the member is still acceptable for retention in LAS and, if acceptable, whether a change in assignment limitations is appropriate. HQ AFMPC/SGM advises HQ AFMPC/DPMARD of any change in limitations. If the member is no longer acceptable for LAS retention, HQ AFMPC/SGM directs MEB action as outlined in AFRs 160-43, 168-4 and this regulation.

(2) Assignment Resource Manager Action. When HQ AFMPC/SGM recommends retention in LAS, the resource manager, as identified in paragraph 6-6b, reviews the case to determine if LAS assignment can still be justified. After review, the case is returned to HQ AFMPC/DPMARD with remarks indicating whether continued LAS assignment is, or is not, justified.

(3) HQ AFMPC/DPMARD Action. HQ AFMPC/DPMARD advises the member by letter through the CBPO/DPMUM, of the final decision concerning retention in LAS. When the member is no longer medically acceptable for LAS or when the LAS assignment can no longer be justified, MEB action must be initiated. If retention in LAS is approved, notification of approval includes any change in assignment limitation along with instructions for the CBPO to update the PDS.

(4) Cases Involving Members With Over 19 Years Service. When a member with over 19 years of active duty is recommended for retention in LAS, the case is sent to HQ AFMPC/DPMARD for approval or disapproval and determination of the period of retention. They notify the member of the final decision in writing, through the CBPO.

6-9 Exceptions to Normal LAS Reevaluations. If information is received which indicates further LAS retention may not be appropriate, HQ AFMPC/DPMARD may, at any time, send the case file to HQ AFMPC/SGM or the proper functional resource manager for review; direct an MEB and PEB; or take any other action necessary to determine if the member should be retained in LAS.

6-10. LAS Retention After PEB. If continued retention in LAS is desired after PEB action, the member must again apply for LAS according to paragraph 6-6 and retention must be approved as outlined in this regulation.

Chapter 7

PERIODIC EXAMINATION OF MEMBERS ON THE TDRL

Section A—General TDRL Examination Rules

7-1. Requirement for Periodic Examination.

By law, all members on the TDRL must be examined at least once every 18 months to determine if the disability for which they were retired has changed. These periodic examinations continue until final disposition is made or until the maximum 5 year period expires, whichever is earlier. Examinations are usually scheduled every 16 months so they can be completed before the end of the 18th month. To the maximum extent possible, examinations are scheduled at Air Force medical facilities. HQ AFMPC/DPMARD schedules the examinations at the DOD medical facility closest to the member's home which has the capability to complete the examination. If a member has recently been hospitalized or treated by a physician for the condition which led to disability retirement, HQ AFMPC/DPMARD will request records of that treatment or hospital care. If such reports are received and they contain sufficient information to properly evaluate the member's current condition, the PEB will use them to evaluate the member. If such reports are insufficient, HQ AFMPC/DPMARD will direct the member to report for examination as outlined in this chapter.

7-2. Importance of Processing TDRL Examinations Rapidly. Many TDRL members must leave their jobs to report for examination, and any undue delay may cost them the loss of wages or even their jobs. Everyone concerned is notified in advance of the scheduled reporting date and time for the examination. The member must report on time and the medical facility must complete the examination without delay.

7-3. Scheduling Periodic Examinations. Sixty to 90 days before the scheduled reporting date, a notification of examination and address verification request is sent to the member at the last known home address. This form asks the member to verify his or her current address and phone number and advise HQ AFMPC/DPMARD if there is any reason why member cannot report for the examination within the designated time frame. Members are also asked to list any medical facilities or physicians who have provided them treatment within the last 90 days.

When the address is verified, HQ AFMPC/DPMARD sets a firm date and place for the examination and takes the following action:

a. Prior Medical Records. About 60 days before the reporting date, HQ AFMPC/DPMARD sends the previous TDRL medical records and any special instructions to the examining facility. If the medical facility cannot conduct the examination, they return the records with a statement as to why the examination could not be completed. The medical facility must return the records within 15 days of receipt to allow scheduling of the member at another facility as quickly as possible. If the member fails to report for the examination on the scheduled reporting date, the medical facility must advise HQ AFMPC/DPMARD immediately and request disposition instructions.

b. Telephone Counseling. Members on the TDRL can call the Disability Processing Branch toll-free by dialing 1-800-531-5806 for information or counseling regarding their periodic examination or the findings and recommended disposition of the informal PEB.

7-4. Travel. Members traveling to a medical facility for examination, or to Lackland AFB TX for the formal PEB, are entitled to travel and per diem allowances based on their retired grade (10 U.S.C. 1210 and JTR volume I, chapter 5, part E). Reimbursement is authorized for the cost of travel to and from the examining facility or the formal PEB as well as certain other costs, such as meals and lodging. Reimbursement rates are about the same as those for an active duty member of the same grade in a temporary duty (TDY) status.

7-5. Travel Orders. About 20 days before the reporting date, HQ AFMPC/DPMARD sends AF Form 2650, TDRL Special Order, Medical Examination, to the member. The orders show the exact date, time and place to report and include the authority for payment of travel costs. The orders and the accompanying information sheet contain instructions for the member as to actions required and entitlements. A copy of the orders is sent to the examining facility.

7-6. Orders Processing by the Examining Facility. The decision as to whether the member

is examined as an inpatient or outpatient is made by the examining facility commander, or a designated representative. Orders must be indorsed by the medical facility to show whether the member was examined as an inpatient or outpatient as well as the times and dates that the member reported for the examination and was released after completion of the examination. If the member was examined as an outpatient, the indorsement must indicate if government quarters were furnished. The examining facility must ensure that the member has a copy of the indorsed orders to submit with the claim for reimbursement. The paying finance officer must send a copy of the paid voucher to the Accounting and Finance Office, (12 FTW/ACFPT), Randolph AFB TX 78150-5000.

7-7. Authorized Escort. At the discretion of HQ AFMPC/DPMARD an escort may accompany a member who is unable to travel alone to the place of examination. One person may travel with the member upon request when the record clearly shows that the member is not physically or mentally able to travel without help. Authority for an escort's travel is usually included in the member's travel orders. The attendant is entitled to file a claim for expenses according to JTR, volume I, chapter 5, part E. If a private conveyance is used for travel, only the retired member may be reimbursed for transportation cost.

7-8. Purpose and Scope of TDRL Reevaluation. The purpose of the periodic examination is to determine if the condition for which the member was retired has changed since retirement or since the last TDRL evaluation. The report of examination must center on the unfitting defects and conditions and include anything the examining physician discovers or observes pertaining to what the member is actually able to do or not do. The examination must include information on any other defect or condition that was incurred or discovered after retirement. For any newly identified defect or condition the report must indicate whether the condition was incurred while on active duty, aggravated by military service, or incurred while on TDRL. For any change to an old defect or condition, the narrative summary must identify whether the condition is better or worse than at the time of retirement. If worse, the summary must state whether the deterioration was due to natural progression or caused by aggravation while on TDRL.

a. Tests, Consultations, and Other Procedures. Diagnostic, laboratory, and radiological

procedures should be used to the extent needed to clearly and accurately establish the member's current status. The examining facility must include results of tests performed, and a statement as to the normal test value for the procedure done. The completed report should also include a copy of any consultations and a statement identifying all medications the member is currently taking.

b. Statements by Examining Physician. The examining physician should include medical statements and opinions in the report of examination when such information may help the PEB evaluate the member's current condition. However, since prior medical records are available to the PEB and higher levels of review, previous records should not be restated unless such reiteration is needed to make a point. When needed, the physician should include a detailed statement of interim history describing social, industrial, or educational activity. The examining physician should make a statement as to the medical prognosis. However, references to the administrative disposition of the member, such as, return to active duty, retention on TDRL, permanent retirement, discharge for disability, or probable percentage of disability are not appropriate and frequently lead to unnecessary questions or disappointment for the member.

Section B—Short Examination Rules

7-9. Processing at the Examining Facility. The commander of the examining facility or designated representative ensures that the examination is completed as quickly as possible so that the members may return to their homes without undue delay.

a. Time Limits. When ever possible, the examination should be completed within 1 to 3 workdays after the member arrives at the examining facility. The examination period may be extended if the examining physician believes that a short period of observation or medical testing is absolutely essential to do a complete report. Such examinations must be held to a minimum and the member must never be kept at the examining facility just to review laboratory test results or to await typing of the report. However, the medical facility should not send the case to HQ AFMPC/DPMARD until all laboratory results and consultations are completed and included in the report. If the report of examination cannot be completed within 30 days of the reporting date, the examining facility commander or representative must advise HQ AFMPC/DPMARD of the

reason for delay and the estimated date the report will be completed.

b. Report of Examination. The examination is conducted according to AFR 160-43 and this chapter. The completed report consists of SF 502, Narrative Summary, and the results of all laboratory procedures and consultations. The narrative summary must be returned in three legible copies. The examining medical facility must send the completed report and all prior medical records, loaned by HQ AFMPC/DPMARD, Randolph AFB TX 78150-6001 for review by the informal PEB.

c. Special Rules for Cases Involving Mentally Incompetent Members or Cases Where Disclosure of Medical Information Would Be Harmful to the Member's Well Being. If the member was found to be mentally incompetent when last examined, or if there has been a change in competency since the last examination, or mental competence is questionable, the examining facility must convene a competency board according to AFR 177-373, volume II, chapter 3, and AFR 168-4, chapter 13. The report of examination must include a copy of the board's competency determination when it is sent to HQ AFMPC/DPMARD for review by the informal PEB. The medical facility must also send a copy of the competency board to AFAFC/RPT, Denver CO 80279-5000. If knowledge of information concerning the medical condition or disability status would be harmful to the member or not in member's best interest, the examining physician should include a statement to that effect in the narrative summary. HQ AFMPC/DPMARD will then process the case accordingly. Further information on processing such cases is included in AFR 168-4.

7-10 Processing Cases of TDRL Members Imprisoned or Confined by Civil Authorities. Periodic examination is required regardless of the member's status or circumstances. If the member is imprisoned or confined by civil authorities, HQ AFMPC/DPMARD will request a report of examination from the confinement institution. When appropriate, a copy of the commitment order or competency determination is also requested. If a report is received and contains sufficient information, the PEB will use it to evaluate the member. If the report is inadequate, or if no report is received, the case is sent to SAF/MIPC for determination and proper disposition as outlined in chapter 5.

7-11. PEB Review of the TDRL Examination. When HQ AFMPC/DPMARD receives a report of examination, with prior medical records and allied papers, it is referred to the informal PEB and evaluated as outlined in chapter 3. The recommended disposition must conform to those outlined in paragraph 3-48.

7-12. Additional Medical Workup. If the report of examination is not usable, HQ AFMPC/DPMARD may return it to the examining facility for more data or take other action as necessary to obtain a complete and adequate report. They may direct the member to report to another facility for an additional medical workup or to Wilford Hall USAF Medical Center, Lackland AFB TX, for complete examination followed by a formal PEB. If the member is required to return to the same or another medical facility, HQ AFMPC/DPMARD will issue another set of travel orders. Upon receipt of the new medical report, the case is processed as outlined in this chapter and chapters 3 and 5.

7-13. Changes in Prior Determinations. Prior findings such as LOD, proximate result, EPTS factor, and so on, may not be changed in later evaluations under this chapter, unless there is new evidence that was not available to the original board, sufficient to establish that the initial determination was in error. Determinations of armed conflict and instrumentality of war are binding unless the defect so incurred is no longer considered unfitting.

7-14. Action by AFMPC and Member After Informal PEB. After the informal PEB completes their evaluation of the case, the Disability Processing Branch prepares AF Form 356 documenting the board findings and recommended disposition and sends it to the member, NOK, or guardian as appropriate, with a letter of instructions outlining actions required. When the PEB recommends a final disposition, the member is given the opportunity to agree with the board recommendation, to disagree and request a formal PEB, or waive the formal PEB and submit a written rebuttal. When the board recommends retention on the TDRL, the member is advised of the action but is not given an opportunity to agree or disagree.

a. Time Limits. The member has 15 days to reply when the PEB recommends final disposition in the case. HQ AFMPC/DPMARD may approve a request for additional time. If a reply is not received within the time limit, they refer the case

to the formal PEB for processing unless they determine some other action is appropriate.

b. Formal PEB. When the member requests a formal PEB, refuses to make a decision, or fails to respond to the informal PEB findings, HQ AFMPC/DPMARB will schedule a formal hearing of the case and issue AF Form 2651, TDRL Special Order—Lackland AFB PEB, directing the member to report to the formal PEB at Lackland AFB TX.

c. Member Agrees or Submits a Rebuttal. When the member agrees with the findings and recommended disposition of the informal PEB or disagrees and submits a rebuttal, HQ AFMPC/DPMARD processes the case as outlined in chapter 5.

d. When Physically Fit. When the recommended disposition of the informal PEB is "Removal from TDRL (Fit)", HQ AFMPC/DPMARD forwards the case to the appropriate staff agency for review and a determination as to eligibility for enlistment or recall to active duty. If the member is otherwise eligible for return to active duty, HQ AFMPC/DPMARD sends two copies of AF Form 188, Statement Relative to Appointment or Enlistment After Removal From TDRL, to the member along with the informal board findings and recommendation. The member must make a decision and return the form within 15 calendar days. Except as stated in e below, if the AF Form 188 is not returned within the 15 day time limit HQ AFMPC/DPMARD will process the case as if the member did not desire appointment or enlistment. If the member was serving on active duty as a Reserve component officer when placed on the TDRL, two copies of AF Form 125, Application for Extended Active duty with the USAF, are also given to the member so he or she may ask for return to active duty as outlined in AFR 45-26.

e. Obligated Service. By law, any member who entered the military service before age 26 and before 1 June 1984 must serve 6 years in the armed services, unless sooner discharged. TDRL members found fit who come into military service prior to 1 June 1984, and before age 26, who have served less than 6 years and do not wish to be reappointed or enlist, are not discharged. They are removed from the TDRL and transferred to the USAFR (Obligated Reserve Section) and assigned to the Air Reserve Personnel Center (ARPC) Denver CO, to complete their military service obligation. (Members who entered the military service on or after 1 June 1984 incur a military service obligation of 8 years.) Time spent on the

TDRL counts toward the required obligated service.

f. Retention on the TDRL. When the recommended disposition of the informal PEB is "Retain on TDRL", no agreement from the member is required. The case is processed according to paragraph 7-25.

g. Final Review and Disposition. Unless otherwise stated in this chapter, final review and disposition is the same as for active duty cases.

Section C—PEB Formal Hearing Rules for TDRL Members

7-15. When PEB Formal Hearing Is Required. A formal PEB will be held when requested by the member or directed by HQ AFMPC/DPMARD. HQ AFMPC/DPMARD can also direct a complete medical workup and formal PEB when they determine that the examination procedure in section B of this chapter may not be in the best interests of the member or the Air Force. HQ AFMPC/DPMARD will schedule the formal hearing and send orders to the member directing him or her to appear before the formal board.

7-16. PEB Formal Hearing Following TDRL Examination. When a formal PEB is required, HQ AFMPC/DPMARD will direct the member to report to Lackland AFB TX for the specific purpose of appearing before the formal PEB. The TDRL examination, medical records, and allied documents are sent to the PEB. If the PEB decides that more medical data is needed, they may refer the member to Wilford Hall USAF Medical Center for specific tests, consultations, or medical workups. The request for additional medical data must specify the conditions that require evaluation and identify any other information needed. The PEB hearing is recessed or deferred until the additional data is obtained.

7-17. Directed Examination Followed by PEB Formal Hearing. When a periodic examination and formal PEB are directed without first using the routine TDRL examination procedure, HQ AFMPC/DPMARD will schedule the examination at Wilford Hall USAF Medical Center, Lackland AFB TX. Orders directing member to report to that center for the required examination to be followed by a formal hearing are prepared and sent to the member by HQ AFMPC/DPMARD. The examination follows the general guidelines in paragraph 7-8.

a. Time Limits. The medical workup and examination must be completed as quickly as possible. Ten to 14 days should be the maximum time required to complete the examination. If more time is needed, Wilford Hall USAF Medical Center must advise HQ AFMPC/DPMARD and the formal PEB of reasons for the delay and the expected date of completion.

b. PEB Formal Hearing. As soon as the medical examination is completed, the member will appear before the formal PEB.

7-18. PEB Formal Hearing in Absentia. When a formal PEB is requested or directed and the retired member does not, or cannot appear in person, a formal hearing is convened in absentia. In such cases, the member must be represented by legal counsel. The NOK (or guardian) may also be present and act for the member.

7-19. Special Considerations for Formal Hearings Involving Retired Members. The formal PEB for a member on the TDRL is conducted as outlined in chapter 3, section C. The following pertinent items apply:

a. Personal Appearance. Unless a formal PEB hearing is held in absentia, the retired member must appear before the formal PEB. In all cases where the member is not present, he or she must be represented by legal counsel during all open sessions. Boards will be held in absentia when the:

- (1) Member is hospitalized, confined, incarcerated, or otherwise unable to travel freely.
- (2) Member is unable to travel because of his or her physical or mental condition.
- (3) Member is unable to act in his or her own behalf because it has been determined that he or she is incompetent or knowledge of the condition or disability would be harmful to the member.

b. Excusal From Hearing. The PEB president may approve a retired member's request to be excused from the formal hearing. However, the transcript of the hearing must clearly indicate that this was a voluntary act of the member. In such cases, a properly designated legal counsel must be present during all open sessions of the board to represent the member. The member must remain in the area of the PEB until the board action is completed. The member's excusal from the hearing does not preclude the PEB from sending the member to Wilford Hall USAF Medical Center for medical consultations if needed.

7-20. Disposition Options of the Formal Hearing. Options are the same as for active duty

members and the findings and recommended disposition of the formal hearing are recorded on AF Form 356.

7-21. Special Actions When Member Is Found Fit. When the recommended disposition of the formal PEB is "Removal from TDRL (Fit)" the PEB counsel or other designated counsel must take the following actions.

a. Reappointment or Enlistment Statement. Ensure members complete AF Form 188 indicating whether they wish to be reappointed or enlist after removal from the TDRL. Send the completed AF Form 188 to HQ AFMPC/DPMARD with the case file.

b. EAD Request for Reserve Component Officers. Furnish members who were serving on active duty as USAFR or ANG officers at the time of placement on the TDRL, two copies of AF Form 125 and advise them how to apply for EAD as outlined in AFR 45-26.

c. Obligated Service. Advise members who entered military service before their 26th birthday and served less than 6 years, (8 years for all persons entering military service on or after 1 June 1984) of the obligated service provisions of 10 U.S.C. 651 as outlined in paragraph 7-14c.

d. Enlistment After Removal From TDRL. Counsel enlisted members on the procedures and criteria for enlistment as outlined in paragraph 7-26c and AFR 33-3. Advise them that their records will be reviewed by the HQ AFMPC, Procurement Division to determine eligibility for enlistment. If they are determined ineligible for enlistment, they will not be offered the option of reenlistment, but will be discharged without disability benefits.

Section D—AFMPC Disposition Actions

7-22. Final Review and Disposition Actions After PEB. After completion of the PEB evaluation and the member's response as appropriate, the TDRL reevaluation case is reviewed as outlined in chapter 5. Officials within the Office of the Secretary of the Air Force may make final disposition at the time of any reevaluation action. The final disposition is announced in AF Form 2653, Retirement Special Order—Physically Unfit or AF Form 2654, Retirement Special Order—Removal From TDRL. These orders are the official notice to members on the TDRL of final disposition action. The action to retain a member on TDRL is not a final disposition and no special orders are prepared; the member's status as a temporarily retired member continues unchanged.

7-23. Termination of Retired Pay. The retired pay of members on the TDRL must be terminated 5 years after the date of placement on TDRL according to 10 U.S.C. 1210h. TDRL retired pay will be terminated before the end of 5 years statutory period, if the member was reevaluated and removed from the TDRL. HQ AFMPC/DPMARD may terminate a member's eligibility to receive TDRL retired pay if the member is scheduled to report for periodic examination and refuses or fails to report as directed after having received proper notification. If the member later reports, eligibility to receive retired pay will be reinstated effective the date the member reports and completes the examination. If member can show "just cause" for not reporting, eligibility to receive retired pay may be reinstated retroactively for a period of not more than 1 year (10 U.S.C. 1210a). For temporarily retired members who are found fit and reappointed or enlisted, disability retired pay terminates as follows:

a. **Regular Air Force Officers.** On the day before the member is recalled to active duty.

b. **All Others.** On the day before the member is reappointed or enlisted, or on the date removed from TDRL.

7-24. Removal From TDRL for Failure To Report or Reply. HQ AFMPC/DPMARD will process cases involving members who fail to report for examination and fit members who fail to reply to PEB findings as follows:

a. **Failure To Report for Periodic Examination.** Members nearing the 5th anniversary of the date their names were placed on the TDRL are scheduled for periodic examination under this chapter. If such members refuse, or fail, to report after having received proper notification HQ AFMPC/DPMARD sends the case to the PRC for review. HQ AFMPC/DPMARD provides the PRC with a detailed account of all relevant circumstances along with a request for review and disposition. The PRC may recommend permanent disability retirement, discharge with entitlement to disability severance pay, or removal from the TDRL and discharge without benefits. The same action is taken when all efforts to locate a member on the TDRL have failed. The recommendation of the PRC is confirmed and approved within the Office of the Secretary of the Air Force.

b. **Members Found Fit Who Fail To Respond as Required.** Members on the TDRL who are found fit by the PEB and subsequently fail to reply, within the time limit, to the notice of the recommended disposition will be removed

from the TDRL and discharged without benefits. The same action is taken when the member fails to report for a formal PEB after having requested such a hearing. Officials within the Office of the Secretary of the Air Force review and approve this final disposition.

7-25. Retention on TDRL. When the PEB recommends retention on TDRL, HQ AFMPC/DPMARD furnishes the members a copy of AF Form 356 and a letter advising them that there will be no change in their status or AF retired pay as long as their names remain on the TDRL, even if there is a change in percentage rating. The letter of notification includes a tentative date for the next examination and advises them that detailed instructions and a firm date and place of examination will be sent approximately 30 days before the examination date. AF Form 1180 is not required for TDRL retention cases processed by the informal PEB.

7-26. Appointment or Enlistment After Removal From TDRL as Fit. Upon their request and provided they are otherwise eligible, members who are removed from the TDRL as fit are appointed or enlisted in the applicable grade and component as outlined in 10 U.S.C. 1211. Usually the grade is the one held at the time they were placed on the TDRL. HQ AFMPC/DPMARD advises members of the grade in which they are eligible and explains the actions they must take to complete the appointment or enlistment process. Mandatory actions are:

a. **Senate Confirmation.** Officers in the following categories must be nominated by the President and confirmed by the Senate before they can be reappointed. Except as provided below, the officer concerned will not be removed from the TDRL until the appointment has been confirmed. After Senate confirmation, the officer is removed from the TDRL, for discharge and reappointed the next day so that there will be no loss of pay or creditable service. Since Senate confirmation is sometimes a lengthy process, HQ AFMPC/DPMARD advises these officers of the reason for the delay and the pertinent rules for reappointment.

(1) **Regular Air Force Officers.** All Regular officers (regardless of the grade) must have Senate confirmation. If Regular officers wish EAD after reappointment, they are removed from the TDRL and immediately recalled to EAD. They continue on duty in the recalled status until Senate confirmation, at which time the reappointment action will take place with no change in EAD

status. If a Regular officer wishes recall and reappointment for the sole purpose of retirement for length of service or age under AFR 35-7, the recall to AD is delayed until Senate confirmation is received. Then the officer is reappointed, recalled to AD for 1 day (47 Comptroller General 141) and retired for service the next day. Retirement, in this case, must be effected the 1st day of the month according to 5 U.S.C. 8301

(2) Reserve Component Officers. USAFR and ANG officers in the grade of lieutenant colonel or above must have Senate confirmation. Such officers will not be removed from the TDRL until Senate confirmation is received. After confirmation is received, the officer will be removed from the TDRL, discharged and reappointed the next day. Reappointment action on officers returning to AD or retiring is done by AFMPC. AFR 45-26 contains further guidance concerning this action. Since Reserve officers can retire from an inactive status, recall to AD for the purpose of retirement is not required. For officers being assigned to a Reserve component (not retiring and not returning to AD) reappointment is done by HQ ARPC/DPRO, Denver CO 80280-5000.

b. Reserve Officer Appointments in Grade of Major and Below. Senate confirmation is not required. Reappointment action on these officers is processed in the same manner as in (2) above.

c. Enlistment. Enlisted members who are found fit and desire to enlist after removal from the TDRL will receive a letter from HQ AFMPC/DPMARD authorizing their enlistment in the same Regular or Reserve component in which they were serving at the time they were placed on the TDRL. These members are offered the opportunity to enlist only if they are otherwise qualified for enlistment under AFR 33-3. Members are notified of the exact date of removal from the TDRL and advised that they have 60 calendar days from that date in which to enlist with no requirement for further physical examination. Members who enlist after that time period has expired will be processed the same as any other prior service enlistee. If the member is being enlisted for the sole purpose of retirement for length of service under AFR 35-7, HQ AFMPC/DPMARD makes arrangements for the member to report to the nearest Air Force base with the capabilities for enlistment and retirement processing. These members will be removed from the TDRL on the next to the last day of the month, enlisted on the last day of the month and retired on the 1st day of the following month so there is no loss of pay or creditable service.

d. Reappointment or Enlistment Grade. Members removed from the TDRL as fit are usually reappointed or enlisted in the active duty grade in which they were serving before placement on the TDRL. In certain cases, the law (10 U.S.C. 1211) permits advancement to the next higher grade to which the member's contemporaries, at time of placement on the TDRL, have been promoted. Such advancement is at the discretion of the Secretary of the Air Force and procedures are established by HQ AFMPC, Officer Promotion Branch (DPMAB2) and HQ AFMPC, Airman Promotion Branch (DPMABW).

e. AFMPC Processing of Reappointments and Enlistments. After members have been found fit and have stated that they want to be reappointed or enlist, as applicable, HQ AFMPC/DPMARD sends the case file to the appropriate staff agency (HQ AFMPC/DPMAB2 for officers and HQ AFMPC/DPMABW for airmen) for a determination of the grade in which member is to be reappointed or enlisted. When selection board action is required to determine possible advancement to a higher grade, HQ AFMPC/DPMAB2 makes arrangements with the AFMPC Selection Board Secretariat to have the member considered by the applicable board. After grade determination is completed, the case file is returned to HQ AFMPC/DPMARD and the following actions take place:

(1) When Senate Confirmation is Required. HQ AFMPC/DPMAB1 takes action to have the member's name placed on an applicable list for nomination by the President and confirmation by the Senate. Except where a Regular Air Force officer is being reappointed for the sole purpose of retirement under AFR 35-7, HQ AFMPC/DPMAB2 will take action to have the Regular officer recalled to extended active duty. After senate confirmation the officer is removed from the TDRL for discharge and reappointment. Reappointment action is done by HQ AFMPC, Officer Procurement Branch (DPMAPP).

(2) When Senate Confirmation Is Not Required. If the member is a Reserve component officer who does not require Senate confirmation, that is, grades major and below, HQ AFMPC/DPMARD sends the case to HQ AFMPC/DPMAPP advising that grade determination has been completed and requesting reappointment action. HQ AFMPC/DPMARD takes action to remove the member's name from the TDRL so that the member can be reappointed.

(3) Regular Air Force Officers Desiring Reappointment and Recall for Immediate Retirement. HQ AFMPC/DPMARD prepares the recall orders.

Chapter 8

EVALUATION OF NON-REGULAR MEMBERS NOT ON EAD

Section A—Purpose and Eligibility

8-1. Purpose. This chapter outlines the rules for processing the cases of certain non-Regular members through the disability evaluation system and directing final disposition. Non-Regular members who do not meet the basic requirements for disability benefits under 10 U.S.C. chapter 61 may not be evaluated by the Air Force disability system. The provisions of 10 U.S.C., chapter 61 are incorporated into this chapter.

8-2. Eligibility for Processing. Only members whose disability was incurred or diagnosed while performing duty as outlined in paragraph 8-3 are eligible for processing by a PEB under this regulation. Ineligible members are processed as outlined in paragraph 8-17. If there is a question about eligibility, it must be resolved before the case is referred to the PEB.

8-3. Service Requirements. The service requirements for disability processing differ significantly, as follows, depending on whether the disabling condition is an injury or a disease. USAFR and ANG members are eligible for processing when:

a. Injury. Member incurred a disability from an injury while performing duty during one of the following periods:

(1) **Active Duty.** Active duty, full-time training duty or active duty for training under a call or order that specifies a period of 30 days or less.

(2) **Inactive Duty.** Inactive duty training.

(3) **Involuntary Active Duty.** Active duty for training under 10 U.S.C. 270(b) for any period of time. This is usually a 45-day tour required by law because of failure on the part of the member to perform other required training duty.

(4) **Eligible periods of service** include AD (nonpay) by USAFR members performed under 10 U.S.C. 683. Also included as eligible periods of service is duty performed by ANG members under 10 U.S.C. 672(d) or 8033; full-time training duty under 32 U.S.C. 502, 503, 504 or 505; or other such duty where members are not considered to be on EAD, that is, strength accountability is retained by the ANG.

b. Disease. Member incurred a disability from a disease which was identified or diagnosed while performing active duty, full-time training duty, or

active duty for training under a call or order that specifies a period of more than 30 days. However, members performing involuntary active duty for training under 10 U.S.C. 270(b) are not eligible for disability evaluation under this subparagraph and, unless they are eligible for processing due to an injury under subparagraph a(3) above, they will be processed as ineligible members (paragraph 8-17).

8-4. Entitlement to Medical Care and Evaluation. AFR 168-6 outlines when a non-Regular member who is not on EAD may be entitled to medical care, including hospitalization for evaluation of physical defects or conditions incurred as a result of performing authorized military duty. If there is any question as to a member's entitlement to medical care and evaluation, the medical facility must take action to verify such entitlement.

8-5. Duty and Pay Status. Non-Regular member's who incur a disability while performing active duty, or active or inactive duty training, will not be ordered to active duty or continued on active duty past the date specified in the order directing such active duty for the sole purpose of processing under this regulation. However, such a member is eligible to receive medical care and evaluation. The member is also entitled to receive continuation pay until final disposition is made. (Reference 37 U.S.C. 204(h), and DODPM, paragraph 80254 and table 8-2-4).

8-6. Movement of Member. The PEBLO or medical facility commander will advise the member's unit commander or CBPO of the disposition or movement to another medical facility or to a formal PEB hearing. When such movement is necessary, the medical facility will issue appropriate orders to authorize movement.

Section B—Administrative Processing

8-7. Records for PEB. When the cases of non-Regular members are referred for PEB evaluation, the PEBLO or registrar at the referring medical facility obtains all prior medical and allied records for use by the PEB the same as in active duty cases. However, the text of the request for prior medical records is modified as shown below, and

the request must be sent to the custodian of the MPerRGp as specified in AFR 35-44. An information copy of the request is sent to HQ AFMPC, Records Management Division (DPMDO), Randolph AFB TX 78150-6001. If the member had military service, other than Air Force, a copy is sent to National Personnel Records Center, Air Force Reference Branch (NPRC/MPRAF), 9700 Page Blvd. St. Louis MO 63132-5000t of request follows: "PEB pending for (grade, name, SSN). Request all medical and clinical records (include places and date of hospitalization and register number, if known). Member claims prior service in (Air Force, Army, Navy, Marine Corps, Coast Guard or (state) National Guard from _____ to _____ under service number(s) _____."

8-8. Creditable Service Computation. On receipt of the case, HQ AFMPC/DPMARD requests a statement of service credit from the Air Reserve Personnel Center (ARPC).

8-9. Case Records for the PEB. The case records are assembled as outlined in AFR 168-4. If any of the needed documents cannot be located, a statement to that effect must be made part of the case file along with the case when it is sent to HQ AFMPC/DPMARD.

8-10. Counseling of Member. Once the member is determined eligible for disability evaluation, the case is processed according to chapters 3, 4 and 5. Member must be counseled on the disability actions as outlined in chapters 3 and 5.

8-11. Exceptions to Normal Processing. Special processing rules are outlined in section C of this chapter. HQ AFMPC/DPMARA at their discretion, may grant other exceptions to normal processing when such action is in the best interest of the member and the Air Force.

8-12. Other Administrative Actions. Member whose cases are referred for disability evaluation must not be retired or discharged for any other reason until final disposition of the disability case has been made. If the member is retired or discharged for disability under this regulation, administrative discharge under AFR 35-41, volume III, or ANGR 39-10 is not needed.

8-13. PEB Processing. Cases involving non-Regular members are processed as outlined in

chapter 3. If the case is referred to a formal PEB, the PEBLO, registrar, or medical facility commander must arrange for movement of the member and preparation of orders. Orders are published placing member on TDY to Wilford Hall USAF Medical Center, Lackland AFB TX to meet the formal PEB, and specifying the date and time member is to report for meeting with counsel and review of records before the hearing. Arrival time at Lackland AFB should not be more than 24 hours before scheduled reporting time. Funding for TDY to the formal PEB is the responsibility of the PEBLO at the referring medical facility (AFM 172-1, volume I).

Section C—Special Case Processing

8-14. Waiver of PEB Action in EPTS Cases.

A member whose physical qualification for worldwide duty is questionable because of an EPTS condition, and whose case is being considered for PEB action under this chapter may waive evaluation by a PEB subject to the conditions outlined in paragraph 8-15. The format for the waiver statement is in attachment 5. If the case does not meet all the criteria for waiver or the member requests evaluation by a PEB, the medical facility will refer the case to the PEB. The case will also be referred to the PEB when the member fails or refuses to sign a waiver.

8-15. Criteria for Waiver. Case must meet all the following conditions before the member may execute a waiver:

- a. Qualification to perform duty worldwide is questionable, as determined by medical board action.
- b. The disqualifying defect or condition existed prior to entry on current period of duty and has not been aggravated by such duty.
- c. Member is mentally competent.
- d. Knowledge of information about his or her medical condition would not be harmful to the member's well being.
- e. Further hospitalization or institutional care is not required.
- f. After being advised of the right to a full and fair hearing, member still desires to waive PEB action.
- g. Member has been advised that a PEB evaluation is required for receipt of Air Force disability benefits, but waiver of the PEB will not prevent applying for VA benefits.
- h. Member has been advised that he or she will be sent home to await the final outcome of the

case under applicable USAFR or ANG directives.

i. Member has been advised that final action on the case may result in discharge, and PEB waiver action under this chapter is final. There is no way to withdraw such a waiver.

8-16. Disposition of Waiver Statement. Attachment 5 provides the format for the waiver statement. The commander of the medical facility processing the case or a designated representative, distributes the original and two copies of the waiver statement as follows:

a. **Original.** Send with the original AF Form 618, narrative summary, and letter of notification to the appropriate addressee:

(1) For USAFR Members: HQ ARPC, Personnel Program Division (DPA), Denver CO 80280-5000.

(2) For ANG Members: ANGSC, Military Personnel Programs Branch (MPP), Andrews AFB DC 20331-5000.

b. **First Copy.** Send with a legible copy of AF Form 618 and narrative summary to the member's unit commander or CBPO for file with the health records in the Field Records Group. For Individual Mobilization Augmentees (IMA), send to HQ ARPC, Receiving Section (DSMMA1), Denver CO 80280-5000.

c. **Second Copy.** Give to member.

d. **Letter of Notification.** Prepare letter as shown:

"(Grade, name) is not considered to be physically qualified for worldwide duty and has waived further evaluation by a Physical Evaluation Board (PEB). The attached Medical Board Report and medical summary, with the member's statement waiving PEB action are forwarded for disposition of the member under applicable directives. The member is being returned home to await your final action."

NOTE: If member is on active duty undergoing training, the medical facility commander may send the Medical Board Report and waiver statement to the servicing CBPO where the member is assigned for training. The CBPO completes the discharge processing and advises the USAFR or ANG of final action.

8-17. Disposition of Ineligible Member. The member who is not physically qualified for worldwide duty and does not qualify for PEB evaluation under this regulation is considered an ineligible member. The medical facility commander, or a designated representative, must advise these members that they are not eligible

for processing under this regulation; they cannot stay in a duty status; and they will be returned home to await discharge under applicable USAFR or ANG directives. After completion of authorized hospitalization, medical treatment or medical processing, the medical facility commander sends the member home to await discharge. A letter of notification, with a detailed medical summary describing the member's disqualifying defects, is sent to the USAFR or ANG, as applicable, with a copy to the member and to the unit commander (or CBPO). For USAFR Category A Unit members, the notification is sent to HQ ARPC/DPAA, Denver CO 80280-5000. For ANG members, send the notification to ANGSC/MPP, Andrews AFB DC 20331. The notification letter is prepared by the medical facility commander in three copies using the following format:

"(Grade, name) is not considered to be physically qualified for worldwide duty, and is not eligible for processing by a Physical Evaluation Board (PEB). The attached medical summary reflects the member's current physical status. Please take immediate action to ensure proper disposition of the member under applicable directives. The member is being returned home to await final disposition."

8-18. Disposition of Eligible Members. Final disposition is shown in tables 8-1 and 8-2:

a. **Return to Duty by a Medical Board.** If a non-Regular member is found physically qualified for worldwide service and is returned to duty by a Medical Board, the medical facility commander returns the member to the unit of assignment or, if the period of duty has expired, sends the member home. A copy of AF Form 618 is sent to the unit commander or CBPO for file with the health records in the member's Field Records Group.

b. **PEB Action Waived.** Process according to paragraph 8-16.

c. **Disposition After PEB Evaluation.** After the member has either agreed with the PEB or submitted a rebuttal, the referring medical facility commander takes one of the following actions:

(1) **Physically Fit.** Returns the member to the unit of assignment or if the period of service has expired, sends the member home.

(2) **Physically Unfit.** If the member does not require further hospitalization, the member will be returned home to await final disposition action. If the member needs to be hospitalized after retirement or discharge, the referring medical facility commander takes action as outlined

in AFRs 168-4 and 168-6.

Section D—Final AFMPC Processing After PEB Evaluation.

8-19. Final Disposition. After final disposition has been made within the office of the Secretary of the Air Force, HQ AFMPC/DPMARD prepares retirement orders or disposition instructions and sends them to the USAFR or ANG, as applicable. The USAFR or ANG addressee completes retirement or discharge processing, including removal from ANG status, if applicable. The USAFR or ANG may, in turn, direct the member's CBPO to take certain processing actions, including the preparation of retirement or discharge documents. HQ AFMPC/DPMARD

may contact the member's CBPO directly, if necessary, to ensure timely action on any retirement or discharge. When final disposition is discharge without severance pay, HQ AFMPC/DPMARD may direct the CBPO to discharge the member and notify the USAFR or ANG of the completed action. Appropriate addresses for correspondence are:

- a. For USAFR members who are not assigned to a specific reserve unit, send to HQ ARPC/DPA, Denver CO 80280-5000.
- b. For USAFR members who are assigned to a reserve unit, send to HQ AFRES/DPA, Robins AFB GA 31098-5000.
- c. For ANG member, send to ANGSC/MPP, Andrews AFB DC 20331-5000.

TABLE 8-1

**PROCESSING RULES FOR NON-REGULAR MEMBERS
PERFORMING DUTY AS SPECIFIED IN PARAGRAPH 8-3a
(INJURY)**

R U L E	A	B	C
	if	and	then
1	disability is due to a disease		member is not eligible for processing under this chapter. Comply with paragraph 8-17 (see note 1).
2	disability is due to an injury		refer case to a medical board.
3	medical board finds member physically qualified for worldwide service and recommends return to duty	period of duty has not expired	comply with paragraph 8-18a and return member to his or her unit.
4		period of duty has expired	comply with paragraph 8-18a and return member to his or her home.
5	Medical board finds member's physical qualification for worldwide duty questionable with disability existing before period of duty and not aggravated by such duty (EPTS) (see note 1)	member signs waiver statement (attachment 5)	comply with paragraph 8-18b (see note 2).
6		member does not sign waiver statement (attachment 5) or does not meet all conditions under paragraph 8-15.	refer case to PEB (see note 3).
7	Medical board finds member's physical qualification for worldwide duty questionable		
8	PEB (informal) makes any recommendation	member demands a formal hearing	refer case to formal PEB.
9	PEB recommends return to duty (physically fit for military service)	member concurs or submits rebuttal	comply with paragraph 8-18c(1).
10	PEB recommends retirement or discharge (physically unfit)		comply with paragraph 8-18c(2) (see note 2).

NOTES:

1. Refer to AFR 168-6.
2. Unless otherwise directed by HQ AFMPC/DPMARD Randolph AFB TX 78150-6001.
3. If medical facility convening medical board is not a

designated PEBRH, furnish details to HQ AFMPC/SGM, Randolph AFB TX 78150-6001 and request processing instructions (AFR 168-4).

TABLE 8-2

**PROCESSING RULES FOR NON-REGULAR MEMBERS
PERFORMING DUTY AS SPECIFIED IN PARAGRAPH 8-3b
(INJURY OR DISEASE)**

R U L E	A	B	C
	if	and	then
1	medical board finds member physically qualified for worldwide service and recommends return to duty	period of duty has not expired	comply with paragraph 8-18a and return member to his or her unit.
2		period of duty has expired	comply with paragraph 8-18a and return member to his or her home.
3	medical board finds member's physical qualification for worldwide duty questionable with disability existing before period of duty and not aggravated by such duty (EPTS) (see note 1)	member signs waiver statement (attachment 5)	comply with paragraph 8-18b (see note 2).
4		member does not sign waiver statement (attachment 5) or does not meet all conditions under paragraph 8-15.	refer case to PEB (see note 3).
5	Medical board finds member's physical qualification for worldwide duty questionable		
6	PEB (informal) makes any recommendation	member demands a formal hearing	refer case to formal PEB
7	PEB recommends return to duty (physically fit for military service)	member concurs or submits rebuttal	Comply with paragraph 8-18c(1).
8	PEB recommends retirement or discharge (physically unfit)		comply with paragraph 8-18c(2) (see note 2).

NOTES:

1. Refer to AFR 168-6.
2. Unless otherwise directed by HQ AFMPC/DPMARD Randolph AFB TX 78150-6001.
3. If medical facility convening medical board is not designated

PEBRH, furnish details to HQ AFMPC/SGM, Randolph AFB TX 78150-6001 and request processing instructions (AFR 168-4).

BY ORDER OF THE SECRETARY OF THE AIR FORCE

OFFICIAL

CHARLES A. GABRIEL, General, USAF
Chief of Staff

NORMAND G. LEZY, Colonel, USAF
Director of Administration

SUMMARY OF CHANGES

This revision clarifies policy and procedures pertaining to disability processing; updates office symbols and references to other directives; provides guidance for operation of the disability evaluation system in time of war should decentralization become necessary (para 1-11); includes changes in determinations made relative to members with known EPTS defects and conditions (para 3-33f); incorporates changes in the law pertaining to the national emergency in the PEB determinations (para 3-38); updates disposition tables; and adds the provision for members with sufficient service for nondisability retirement (para 4-13d).

EXPLANATION OF TERMS AND ABBREVIATIONS

Part I—Explanation of Terms

Accepted Medical Principles. Fundamental deductions, consistent with medical facts, that are so reasonable and logical as to create a virtual certainty that they are correct (same as established medical principles).

Active Duty. Full time duty in the active military service of the United States. A general term applied to all active military service with the active force without regard to duration or purpose.

Air National Guard of the United States. A Reserve component of the United States Air Force consisting of all federally recognized units, organizations, and members of the Air National Guard of the several states, District of Columbia, and the Commonwealth of Puerto Rico, who in addition to their status as ANGUS members, are Reserves of the Air Force in the same grades in which they are enlisted or appointed and federally recognized. Membership in the ANGUS is acquired by the enlistment or appointment in the federally recognized Air National Guard of a state and concurrent enlistment or appointment as a Reserve of the Air Force in the same grade.

Appointed Military Counsel. The legal officer or judge advocate appointed to represent member before the formal Physical Evaluation Board.

Armed Conflict. Conflict between nations or other contestants entailing the physical destruction of, or injury to, one another's armed forces. Armed conflict exists if the lives or safety of members of the armed services of a nation, belligerent power, or faction are endangered as a direct result of physical force.

Competent, Competency. The member's mental ability to act in his or her own behalf during disability evaluation processing.

Component. As used in this regulation, refers to whether the member is a member of the Regular Air Force (Reg AF) or a Reserve component member. The Reserve components are the Air National Guard (ANG) and the United States Air Force Reserve (USAFR).

Counsel. The person designated to give legal advice to a member. Includes the appointed

military counsel, other military counsel, or civilian counsel. Also pertains to advice or information given by legal counsel, Physical Evaluation Board Liaison Officer and others in the disability evaluation system, consolidated base personnel office, traffic management office, accounting and finance office, etc.

Creditable Service. Military service that can be used in determining the disposition of a case, entitlement to benefits, etc.

Defect, Defects. Missing or damaged (injured or diseased) parts of a member's body.

Disability. A physical or mental defect, condition, or disease that makes it difficult or impossible for a member to perform assigned duties.

Disposition. The end result of board action or the final action taken in a case.

Dual Action. The case of a member who, in addition to the disability evaluation, also has some other non-disability separation action pending that must be resolved along with the disability action.

Exhibit, Exhibits. Documents presented to a Physical Evaluation Board as evidence in a disability evaluation case.

Existed Prior to Service (EPTS). A disability that had its origin before a member entered active military service or during a break in active military service.

Extended Active Duty (EAD). A tour of active duty (normally for more than 90 days) performed by a member of the Air Reserve Forces. Strength accountability for persons on EAD changes from the Air Reserve Forces to the active force. Active duty for training and active duty in a service academy or armed forces preparatory school are not creditable as EAD.

Fit, Fitness. Refers to the fact that the member is reasonably able to perform his or her assigned military duties; it is the same as physically fit.

Formal, Formal Hearing. Refers to the type of proceedings before the PEB at Lackland AFB TX. The member may appear in person, present evidence and be represented by legal counsel.

Impairment. Usually has reference to the damage, injury, or deterioration of a body part or function, that lessens the ability of a member to perform his or her duties.

Incompetent. The state of a member who is mentally unable to act in his or her own behalf in matters pertaining to pay, records, and disability processing.

Inpatient. A member who is admitted to a medical treatment facility while undergoing medical treatment or evaluation.

Limited Assignment Status. An unfit member who is voluntarily retained on active duty to perform specific duty with certain limitations as to assignment, etc.

Line of Duty (LOD). Usually refers to the determination as to whether a disability was incident to military service.

Medical Treatment Facility. A facility established for the purpose of furnishing medical and/or dental care to eligible individuals.

Next of Kin (NOK). The nearest relative to the member who may act for the member who is physically or mentally unable to act for himself or herself.

Noncompensable Condition. A physical or mental defect or condition which, while qualifying for a percentage rating under the VA Schedule, does not entitle the member to compensation (pay); as in Line Of Duty-No, or Existed Prior To Service cases.

Nonratable. A physical defect or condition that does not qualify for a percentage rating under the VA Schedule.

Non-Regular. Refers to members whose component is other than Regular Air Force; for example, USAFR, ANG, or temporary.

Outpatient. A member who is being given medical treatment but who is not admitted as a bed patient or inpatient at the medical facility.

Personnel Data System (PDS) Where all pertinent personnel data is stored.

Pre-existing. Refers to the fact that some physical

defect or condition (including disease) had its source, or start, before the member entered the military service (see EPTS).

Proximate Result. Refers to some causal relationship between the member's disability and the fact that he or she is in the military service and required to perform duty.

Rating, Ratable, Ratings. The awarding of a percent of disability to a physical defect or condition.

Recoup, Recoupment. Usually used in reference to the legal requirement of a member to pay back disability severance pay if he or she is later retired for disability or qualifies for disability compensation from the VA.

Residual, Residuals. Usually used in reference to the remaining physical or mental defect or impairment which remains after a disease or injury has stabilized, that can be identified and rated.

Service Connected. A VA term applied to physical or mental defect or condition that was incurred or aggravated in the line of duty while performing active military service.

Stable, Stabilized. Fixed, not likely to change; usually used in reference to a physical or mental defect or condition that is not likely to change significantly in degree of severity over a specified period of time.

Severance. Disability Severance Pay. A one time lump sum payment to members whose military service is ended prematurely due to a physical or mental disability which was incurred in line of duty.

Transcript. The verbatim record of the proceedings of the formal PEB hearing.

Unfit, Unfitness, Unfitting. The inability of the member to perform duties of his or her office, grade or rank as a result of physical or mental disability.

United States Air Force Reserve (USAFR). All reserves of the Air Force except those units organizations and members of the Air National Guard of the United States.

VA Schedule. The Veterans' Administration Schedule for Rating Disabilities. The Air Force is required by law, to use this schedule in

determining the disability percentage for each ratable condition.

Workup. Used in reference to the completion of medical tests, examination, or consultation required in the disability evaluation process.

Part II—List of Abbreviations

AFMPC—Air Force Manpower and Personnel Center.

AWOL—absent without leave.

CBPO—consolidated base personnel office.

DAFSO—Department of the Air Force Special

Orders.

PEBLO—Physical Evaluation Board Liaison Officer.

PEBRH—Physical Evaluation Board Referral Hospital.

PRC—Physical Review Council.

SAF/MIPC—Office of the Secretary of the Air Force Personnel Council.

SAF—Office of the Secretary of the Air Force.

USAF—United States Air Force.

AIR FORCE POLICY AND GUIDANCE ON APPLYING THE VETERANS' ADMINISTRATION SCHEDULE FOR RATING DISABILITIES

Part I—Rating Policies

1. Essentials of Rating. The VA Schedule is primarily a guide for the evaluation of disabilities resulting from all types of diseases and injuries that are caused by or are incident to military service. The percentage ratings represent, as far as can be determined, the average impairment in civilian occupation earning capacity resulting from these disabilities.

2. Higher of Two Evaluations. In view of the number of typical instances, it is not expected that all cases will show all the findings specified in the VA Schedule. When there is a question about which of two percentage evaluations to apply, assign the higher evaluation if the disability picture more nearly approximates the criteria for that rating. Otherwise, assign the lower rating. When, after considering all reasonably obtainable data, there remains a doubt about which rating to apply, resolve that doubt in favor of the member.

3. Pyramiding. Pyramiding describes the application of more than one rating to any area or system of the body when its total functional impairment is not adequately reflected under a single code. Disability from injuries to the muscles, nerves, and joints of an extremity may overlap to a great extent. Special rules for their evaluation are included in the VA Schedule or in part II of this attachment. Related diagnoses should be merged for rating purposes when the VA Schedule gives a single code covering all their manifestations. This prevents pyramiding and reduces the chance of overrating. For example, disability from fracture of a tibia with malunion, limitations of dorsiflexion, eversion, inversion, and traumatic arthritis of the ankle would be evaluated under one diagnostic code 5262, according to the effect on ankle function. There is no separate evaluation for the limitation of motion or traumatic arthritis.

4. Total Disability Ratings:

a. Total Disability. Total disability exists when it is impossible for the average person to follow a substantially gainful occupation. Accordingly, when the VA Schedule does not provide a 100 percent rating under the applicable (or analogous) VA Code, a member may be assigned a disability rating of 100 percent, when it is impossible for him or her to follow a substantially

gainful occupation.

b. Rating During Hospitalization. Assign a disability rating of 100 percent when it is established that a disease or injury is expected to require continuous inpatient hospitalization for more than 90 days after the date of retirement. A total disability exists during such hospitalization, since it is obviously impossible for the member to follow a substantially gainful occupation. A disability rating of 100 percent may also be used on reevaluation of TDRL members when hospitalization is expected to continue for more than 90 days after reevaluation. That hospitalization must be the result of a condition for which the member was temporarily retired or which has been established as service-incurred.

5. Convalescent Ratings and Ratings for A Specified Period of Time. Instructions in the VA Schedule (paragraph 30) provide for convalescent ratings following hospital discharge. Also, several conditions within the VA Schedule contain instructions to rate for a specified period of time without regard to functional impairment. Such ratings DO NOT apply to the Air Force, since convalescence will usually have been attained by the time of disability processing. Placement on the TDRL may be used for observation, if indicated. Therefore, the indicated ratings, based on the functional impairment, will apply.

6. Analogous Ratings. When a condition is unlisted, rate it under a closely related disease or injury in which not only the functions, but also the anatomical location and symptomatology are analogous. Avoid conjectural analogies, as well as analogous ratings for conditions of doubtful diagnosis and those not fully supported by clinical and laboratory findings. Do not assign ratings for organic diseases and injuries by analogy to conditions of functional origin. When a condition is listed in the VA Schedule, rating by analogy is prohibited unless specifically authorized in part II of this attachment.

7. Zero Percent and Minimum Ratings:

a. Zero Percent Ratings. Occasionally, a medical condition that causes or contributes to unfitness for military service is so mild that it does not meet the criteria for even the lowest rating in the VA Schedule under the applicable code number. In such cases, a zero rating may be applied

unless "minimum ratings" are specified (b and c below). Note that the zero percent rating does not preclude the award of compensation as prescribed by law for ratings of less than 30 percent. Apply the bilateral factor when a disability is present in two paired extremities, even if one is rated at zero percent.

b. Minimum Ratings. In some instances, the VA Schedule provides a "minimum rating," without qualification as to residuals or impairment. Multiple sclerosis, code 8018, is an example. Diagnosis alone is sufficient to justify the minimum rating. Higher ratings may be awarded according to the degree of severity, but no rating lower than the "minimum" may be used if the diagnosis is satisfactorily established.

c. Minimum Ratings for Residuals. The VA Schedule provides for minimum ratings for "residuals" in certain medical conditions. The instructions may be "rate residuals, minimum %," or, may specify what impairment to rate and give a minimum rating for that impairment. Examples are code 8011, anterior poliomyelitis, and 6015, benign new growth of eyeball and adnexa, other than superficial. To justify the minimum rating for residuals, a functional impairment or other residual caused by the condition must exist. Otherwise, a zero percent applies.

8. Extra-Schedular Ratings in Exceptional Cases. The requirement to use the VA Schedule in rating disabilities gives the Secretary of the Air Force the same administrative power to assign ratings in unusual cases, not covered by the Schedule, as the Central Office of the Veterans' Administration has. Therefore, in exceptional cases, when the evaluations in the VA Schedule are inadequate, the Secretary of the Air Force may assign extra-schedular ratings commensurate with the average earning capacity impairment due exclusively to the service-connected disability. In such cases, the referring or evaluating agency must fully document the conclusion that the case is such an exceptional or unusual disability, with related factors as marked interference with employment or frequent hospitalization, as to make impractical the application of the regular Schedule standards.

9. Rating of Disabilities Aggravated by Active Service. In cases aggravated by active service, the rating reflects only the degree of disability over and above that existing when the member entered the active service. This rule applies whether the condition was noted when the member

entered the active service or is determined on the evidence of record to have existed at that time. It is necessary, therefore, to deduct from the present degree of disability the degree, if obtainable, of the disability existing at the time of entrance into active service, in terms of the rating schedule. If, however, the disability is total (100 percent), record the EPTS factor and make no deduction in the compensable rating. Record the resulting difference on AF Form 356. If the degree of disability at the time of entrance into the military service is not obtainable in terms of the schedule, make no deduction.

10. Combined Rating Table. When a member has more than one compensable disability, the percentages are combined rather than added (unless a "Note" in VA Schedule states otherwise). This results from the consideration of the member's efficiency, as affected first by the most disabling condition, than by the less disabling conditions in the order of their severity. Thus, a person having a 60 percent disability is considered 40 percent efficient. Proceeding from this 40 percent efficiency, the effect of a second 20 percent disability is to leave only 80 percent of the efficiency remaining after consideration of the first disability, or 32 percent efficiency altogether. Hence, a 60 percent disability, combined with a 20 percent disability, results in a combined rating of 68 percent. The combined rating for any combination of disabilities can be determined by first arranging the disabilities in their exact order of severity, and then referring to the combined rating table on pages 10 and 11 of the VA Schedule (or to table 3-1 in this regulation). Follow these instructions:

a. Combining Two Percentages. Enter the table by locating the highest percentage in the left-hand column and reading across to where that horizontal line intersects with the vertical column headed by the second percentage. (Example: 40 combined with 20 equals 52.)

b. Combining Three or More Percentages. First, combine the first two percentages as shown in a above. Then, re-enter the table by locating that combined value in the left-hand column and reading across to where that horizontal line intersects with the vertical column headed by the third percentage. (Example: 50 combined with 30 equals 65, then 65 combined with 20 equals 72.) If there are additional percentages, repeat the second step using the new combined value and the next percentage.

c. Converting Combined Ratings. After all percentages have been combined, convert the

resulting combined value to the nearest number divisible by 10. Adjust combined values ending in 5 upward. If the combined value includes a decimal fraction of 0.5 or more as a result of applying the bilateral factor (11 below), convert the fraction to the next higher whole number. Otherwise, disregard the decimal fraction. (Example: If the combined value is 64.5, first round it off to make the combined value 65, which in turn is rounded off to 70. If the combined value is 64.4, disregard the decimal fraction and round off the combined value of 64 to 60.)

11. Bilateral Factor. When a partial disability results from injury or disease of both arms, both legs, or paired skeletal muscles, combine the rating for the disabilities of the right and left sides as usual. Add (do not combine) 10 percent of this value (called the bilateral factor) before proceeding with further combinations or converting to degree of disability. Apply the bilateral factor to such bilateral disabilities before carrying out other combinations. Treat the rating for such disabilities, including the bilateral factor, as one disability for the purpose of arranging in order of severity and for all further combinations.

a. Use of Terms "Arms" and "Legs." The use of the terms "arms" and "legs" is not intended to distinguish between the arm, forearm, and hand or the thigh, leg and foot. "Arms" and "legs" refer to the upper extremities and the lower extremities as a whole. Thus, with a compensable disability of the right thigh (for example, amputation), and one of the left foot (for example, pes planus), the bilateral factor applies. That factor also applies whenever there are compensable disabilities affecting use of paired extremities, regardless of location or specified type of impairment. (The exception is in c below.)

b. Upper and Lower Extremities. When applying the bilateral factor to disabilities affecting both upper extremities and both lower extremities, combine the ratings of the disabilities affecting the four extremities in order of their individual severity. Apply the bilateral factor by adding, not combining, 10 percent of the combined value thus attained.

c. Limits on Applicability. The bilateral factor does NOT apply unless there is partial disability of compensable degree in each of two paired extremities or paired skeletal muscles. Special instructions for use of the bilateral factor are found in the VA Schedule (Code 7114-7117 or Code 8205-8412, for example). The bilateral factor does NOT apply to skin disabilities rated

under VA Code 7806.

12. Use of VA Diagnostic Code Numbers.

The VA diagnostic code numbers appearing opposite the listed ratable disabilities are arbitrary numbers. They are used to show the basis for the evaluation assigned and for statistical analysis. Be very careful in selecting the code number to be recorded on AF Form 356. Each rated disability is assigned its VA code number, unless a hyphenated code is expressly authorized. It is not proper to use additional VA codes to further describe defects. The written diagnosis on AF Form 356 should include any description necessary to show the extent, severity, or etiology of the condition. In the selection of code numbers, injuries generally will be represented by the number assigned to the residual condition that is the basis for the rating. With diseases, give preference to the number assigned to the disease itself. If the rating is determined on the basis of residual conditions, add the number for the residual condition, preceded by a hyphen. Thus, atrophic (rheumatoid) arthritis rated as ankylosis of the lumbar spine would be coded "5002-5289." In this way, the exact source of each rating can be easily identified. When describing a disability on AF Form 356, use any combination of the medical examiner's or VA Schedule terminology that accurately reflects the degree of disability. Do not cite residuals of diseases of therapeutic procedures without reference to the basic disease. Use hyphenated codes only if:

a. The VA Schedule provides that a listed condition is to be rated as some other code (for example myocardial infarction rated as arteriosclerotic heart disease (7006-7005), or nephrolithiasis rated as hydronephrosis (7508-7509)).

b. The VA Schedule provides a minimum rating and the disability is being rated on residuals (for example, multiple sclerosis rated as incomplete paralysis of all radicular groups (8018-8513)).

c. An unlisted condition is rated by analogy (for example, spondylolisthesis is rated as sacroiliac injury and weakness (5299-5294)). When an unlisted disease, injury, or residual condition is encountered and requires rating by analogy, build the diagnostic code number in the following manner. Select the first two digits from that part of the VA Schedule most closely identifying the part or system of the body involved. The last two digits are 99 for all unlisted conditions. This procedure will facilitate a close check of new and unlisted conditions rated by analogy.

Part II—Rating Principles and Guidance

13. Modification of Specific Parts of the VA Schedule. The instructions and explanatory notes that follow are listed according to the paragraphs and code numbers in the VA Schedule. Only those conditions that require special comment, or have been the cause of misunderstanding or misinterpretation in the past, are included.

5000—Osteomyelitis:

a. Note (1) following code 5000 in the VA Schedule may appear to be ambiguous about the amputation rule. It means that in rating active osteomyelitis of any part, the amputation of which would be ratable at less than 20 percent (ordinarily the minimum rating for active osteomyelitis), a rating of 10 percent may be assigned. This constitutes disregard of the amputation rule in those instances where the rating for amputation would be 0 percent. Example: A case of active osteomyelitis of the little finger distal to the proximal interphalangeal joint may be rated at 10 percent even though amputation at that level is ratable at 0 percent (note (b), page 31-2R and VA Code 5227). However, a ratable disability exists only so long as the distal phalanx with its active osteomyelitis remains.

b. Osteomyelitis should not be considered cured simply because saucerization or sequestrectomy has been performed. Cures sometimes may be affected, however, by removal or radical resection of the bone.

c. Under note (2), a rating may be assigned only when the disease is active clinically or by X-ray.

d. Do not rate osteomyelitis extending into a major peripheral joint higher than the elective amputation level that would remove the involved joint.

5002—Rheumatoid Arthritis. A distinction is made between active disease and chronic residuals. Rate VA Codes 5002, 5004 to 5009, and 5017 by the same criteria and guidance as for VA Code 5002.

a. As an active process—base ratings assigned under these codes primarily on clinical and laboratory evidence. X-ray changes are not required.

b. For chronic residuals—base ratings on limitation of motion according to the VA Code 5200 series. X-ray evidence alone will not support a rating in any of these conditions.

c. The bilateral factor will apply when appropriate.

d. Do not combine ratings under the VA Code

5200 series with ratings for active process.

5003—Arthritis, Hypertrophic:

a. This is one of the more frequently encountered conditions in the field of disability evaluation, and one of the more difficult to adjudicate. The difficulty stems from the fact that it occurs in some degree in all individuals beyond age 40, and from its wide variability in rate of progression and severity of manifestation. Symptomatology is frequently disproportionate to demonstrable pathology. In this area the effect of such intangibles as motivation and other psychogenic components must be considered.

b. Ratings under this code can be assigned in either of these situations: in the absence of limitation of motion with only X-ray evidence of involvement of two or more major joints or two or more joint groups, or when there is objective evidence of some limitation of motion combined with X-ray findings of arthritis of one or more major joints or minor groups.

c. When the limitation of motion of the involved specific joint or joints is of sufficient degree, assign the rating under one of the limitation of motion codes (the VA Code 5200 series or 9505).

d. When a rating is assigned under a limitation of motion code (5200 series), do not combine it with a rating under code 5003 for other joint involvement on the basis of X-ray findings.

e. It is emphasized that separate rating of specific joints groups is not intended for application to the fluctuating types of impairments, which tend to improve or disappear.

5010—Arthritis Due to Direct Trauma. When an affected joint merits a rating higher than 10 percent, the analogy that applies to the impairment must be used. Diagnosis alone is insufficient for the 10 percent rating. With an affected joint, the assignment of a 10 percent rating requires objective evidence of limitation of motion in addition to X-ray findings.

5126-5151—Multiple Finger Disabilities. The difficulty frequently encountered in rating multiple finger disabilities has been simplified by a convenient method of computation. By assigning graded values for each finger according to the level at which it was amputated or the severity of its ankylosis, it is possible to calculate an "average amputation level" for the fingers involved (figures A2-1 and A2-3). The disability may then be rated according to the notes in the VA Schedule.

a. Figure A2-1 is for multiple finger disabili-

ities of ONE hand. If finger disabilities of both hands are involved, determine the impairment of each hand separately and add the bilateral factor, as applicable.

b. For rating purposes, regard the thumb as having no distal phalanx. Amputation of the thumb at the interphalangeal joint or distal thereto will be graded as unfavorable ankylosis (Grade 2). The VA Schedule is ambiguous in this regard, no such distinction being made in the notes following VA Code 5151, yet VA Code 5152 shows 20 percent for application at the distal joint or distal thereto, and VA Code 5224 also shows 20 percent for application to unfavorable ankylosis of the thumb.

c. In referring to column C of figure A2-3 under step three, Grade 2 is ratable as unfavorable ankylosis.

d. The method of computation is as follows:

(1) Step One. Determine the grade value of each of the affected fingers from figure A2-1, columns A and C.

(2) Step Two. Find the average grade value by dividing the total values for the individual fingers by the number of fingers involved. Round off fractions to the nearest whole number.

(3) Step Three. From figure A2-1, columns B and C, determine the proper category of the defects (favorable ankylosis, unfavorable ankylosis, amputation, and so forth) for the average grade of the disabled hand. The proper code number and rating can then be determined within the category, according to the number of fingers involved.

e. For example, a member has had a thumb amputated through the distal phalanx, the long and ring finger through the middle phalanges, and the entire small finger, including more than half of the metacarpal. Compute average grade value as follows:

Grade value for the thumb	2
Grade value for the long finger	2
Grade value for the ring finger	2
Grade value for the little finger, including more than half of the metacarpal	4
Total value	10

$$\frac{\text{Total value}}{\text{Number of fingers involved}} = \text{Ratable value}$$

$$\frac{10}{4} = 2\frac{1}{2} - 3$$

f. Referring to the figure A2-3 and the

example (e above), Grade 3 is ratable as amputation. Amputation of four fingers—thumb, long, ring and little—is ratable under VA Code 5130 at 70 percent (for major hand) or 60 percent (for minor hand).

5200-5295—Ratings Involving Joint Motion:

a. In the measurement and assessment of joint motion, the medical examiner must use the standardized descriptions in the VA Schedule in Plates I and II (pages 26R and 27-3R).

b. Ankylosis is the absence of motion of a joint. In application, it is complete fixation, or a limitation of motion so severe that the amount of movement is negligible.

c. When an analogous rating of the extremity is necessary, avoid the use of an analogy such as "other impairment of" elbow or knee (VA Codes 5209 or 5257) when the actual impairment is a limitation of flexion or extension of the part distal to the joint.

d. In some cases of limitation or other abnormal joint motion, the basic cause is injury to muscle or tendon rather than to bone or joint. The distinction must be carefully made to arrive at a proper rating. (See VA Schedule for principles on the "Musculo-Skeletal System" in connection with rating problems resulting from injuries to extremities.)

5205-5208—Absence of Limitation of Motion of Elbow and Forearm:

a. 5205. Where a rating for unfavorable ankylosis is not based on the additional finding of complete loss of supination or pronation, it may be combined with 5213, subject to the amputation rule. If there is less than complete loss of supination or pronation, 5205 may be combined with 5213, but the rating must not exceed the rating for unfavorable ankylosis under 5205.

b. 5206-5208. These will combine with 5213, but must not exceed the rate for unfavorable ankylosis under 5205.

c. Total elbow prosthesis is rated under these codes. If current results are unsatisfactory, rate equivalent to amputation of humerus.

5209-5212—Other Impairment of Elbow, Radius, and Ulna. These codes are not to be combined with code 5213.

5213—Impairment of Pronation and Supination:

a. Limitation of either pronation or supination may be rated, but never both in the same

arm. Full pronation is the position of the hand flat on the table. Full supination is the position of the hand palm up. In rating limitation of pronation, the "arc" is from full supination to full pronation. The "middle" of the arc is the position of hand, palm vertical to the table.

b. There is an inconsistency in the schedule for the ratings for the major arm, where "hand fixed near the middle of the arc or moderate pronation" is rated 20 percent, while limitation of pronation with "motion lost beyond middle of arc" is rated 30 percent. Resolve cases in which this conflict arises in the member's favor.

c. "Motion lost beyond last quarter of arc" means that the forearm can be pronated from 0 degrees through 45 degrees, but no further. (See the VA Schedule, paragraph 71 (page 25-3R) and the illustration for forearm pronation, Plate I (page 26R).)

5251-5253—Limitation of Extension and Flexion of the Thigh. Ratings allowable under these codes may not reflect the real degrees of disability, because of basic or related disability of the sacroiliac region, pelvis, acetabulum, or head of femur. More appropriate ratings may be selected from VA Code 5250 (hip, ankylosis of), or VA Code 5294 (sacroiliac injury). (See the VA Schedule, paragraph 67 for comments on pelvic skeletal fractures.)

5255-5262—Defects of Long Bones of the Lower Extremity. Apply these codes (malunion with adjacent joint disability), if needed, to avoid multiple codes and ratings. But when both a proximal and a distal major joint are affected, an additional rating may be indicated for the less disabled joint. These codes are often appropriate when joint surfaces are included in the fracture lines.

5272—Subastragalar or Tarsal Joint Ankylosis. Assign a rating under this code only in the absence of motion of the subtalar joint, which is manifested by the lack of inversion or eversion of the foot.

5275—Shortening of the Lower Extremity. Assign the next higher rating when the extremity shortening is exactly the length listed as one of the maximums for a percentage. (For example, a 30 percent rating is assigned for a 2½ inch shortening.)

5285-5295—The Spine:

a. The joints of the cervical, dorsal, and

lumbar segments of the spine and the combination of sacroiliac and lumbosacral joints are each regarded as a group of minor joints. Each is ratable as one major joint only when separate ratings are justified by X-ray evidence of pathology in addition to limitation of motion or muscle spasm or other evidence of painful motion of the individual segments involved. Otherwise, rate as for osteoarthritis.

b. Arthritic impingement on nerve roots that produces degeneration of the nerve function or frequent, prolonged attacks of neuralgia, as distinguished from brief episodes of radiating pain, should be rated as one entity under codes for neurological conditions, unless limitation of spinal motion justifies an additional rating.

5285—Residuals of Fracture of Vertebra:

a. The need for a member to wear some type of brace to restrict lumbar or dorsolumbar movement is not analogous to the need for a jury mast type of neck brace for abnormal mobility following cervical fracture. If there is no cord involvement, the disability should be rated according to the degree of limited motion with brace in place.

b. When there is significant, demonstrable (objective findings and X-ray) deformity of one or more vertebral bodies 10 percent is to be ADDED to, NOT combined with, the rating for each spinal segment in which such deformity appears. The instructions in the italicized note under VA Code 5285 pertaining to ratings for ankylosis and limited motion, apply also to the addition of 10 percent for demonstrable deformity of a vertebral body. Add 10 percent to the rating for the segment before that rating is combined with the others.

c. For example, if as residuals of vertebral fractures, a member has moderate limitation of motion in cervical and lumbar segments and substantial deformities of the bodies of C5, D12, and L1, the rating would be:

Line:

1. Codes 5285-5290	20%
2. Demonstrable deformity of C5	+10%
3. Total	30%
4. Code 5285-5292	20%
5. Demonstrable deformity of L1	+10%
6. Total	30%
7. Combining lines 3 and 6	51%

d. In the above example, since there is no associated finding, there can be no addition because of deformity in D12.

e. The addition to the rating of 10 percent for demonstrable deformity of a vertebral body is intended only for a substantial degree of deformity. It should not be added in cases of insignificant deformity, such as slight shortening of the anterior vertical dimension of the body.

f. Where a successful spinal fusion has been performed because of the deformity of a vertebral body, the potential of the deformity for increasing the degree of disability has usually been removed or so far reduced that the addition of 10 percent to the rating is not justified.

5287-5289—Ankylosis of a Spinal Segment:

a. A rating for ankylosis requires a condition of absent or negligible range of motion for the whole segment. Ankylosis of a part of a segment still may leave some degree of useful motion for the segment as a whole, so that proper rating would be for limitation of motion.

b. Separate ratings for ankylosis of segments of the spine shall not exceed 60 percent when combined, if the combined effect of such separate disabilities is complete ankylosis of the spine at a favorable angle.

5296—The Skull:

a. Diagnostic burr holes and other bony defects are ratable only when there is loss of both inner and outer tables of bone. Where there are more than one, add the areas of each and rate the total. Figure A2-4 may be helpful as a reference in determining proper ratings.

b. Considering total bone loss for multiple areas, such as in trephining, the rating should not be assigned based on "coin measurement," but on the basis of the aggregate area loss in square inches. Note that approximately 50 percent of diagnostic burr holes heal within 5 years.

c. Loss of part of the skull is ratable whether or not the defect has been repaired with a prosthetic plate, provided the member is physically unfit for other reasons.

d. Areas of loss where bone regeneration has taken place are not ratable. If regeneration has partially closed the defect, rate only the remaining area of loss.

e. The rating problem created by the disparity in the criteria for area measurement (50-cent piece = 1.140 square inches; 25-cent piece = 0.716 square inch) shall be resolved in favor of the member.

f. The size of the average diagnostic burr hole is about one-half inch in diameter.

5297—Removal of Ribs:

a. For removal of ribs, the VA Schedule

requires the complete removal from the vertebral angle to the costocartilaginous junction. Removals to a lesser degree are rated as rib resections.

b. The presence of certain conditions precludes the assignment of an additional rating under Code 5297 but exceptions are allowed in specific situations. Notes (1) and (2) under this Code in the VA Schedule provide guidance.

5301-5326—Muscle Injuries:

a. There are specific limits to the permissible combination of ratings of muscle injuries in the same anatomical segment, and of muscle injuries in which the movements of a single joint are affected. (See the VA Schedule, paragraph 55 (page 20-2R) and paragraph 72 (pages 45-4R and 46-4R).)

b. When a joint is ankylosed, the muscles acting on that joint may not be additionally rated.

6000-6092—Diseases of the Eye:

a. The adjudication of disabilities of the eye is often extremely difficult. In some cases involving a combination of defects, it may be impossible to arrive at a fair percentage rating through literal application of the terms of the VA Schedule. The complexity of these conditions does not permit the construction of a schedule that is adequate for the infinite variety of defects and the resulting types and degrees of impairment that may occur. Here the concept of "visual efficiency" may be helpful. Visual efficiency is the product of the interdependent relationship of all the functions of the eye. The three principle functions are central visual acuity, field of vision, and muscle function. The estimation of visual efficiency, as such, is not provided by the VA Schedule as a means of determining degree of disability. Therefore, it is useful only to help create a mental image of the member's real handicap, so that a fair rating in terms of the schedule may be recommended.

b. The VA Schedule states several times that the combined rating for disabilities of the same eye must not exceed the rating for total loss of vision of that eye, unless there is an enucleation or a serious cosmetic defect added to the total loss of vision. Accordingly, a cosmetic defect, even though limited to the eye with the visual loss, a separate entity, namely, facial disfigurement, a separate rating of 10, 30, or 50 percent depending on the case is permitted under Code 7800 combined with the rating for the visual loss or rating for enucleation.

c. It is mandatory that visual field defects be examined and reported according to the method

prescribed in the VA Schedule, paragraph 76 (page 51-3R). Attach copies of the records showing visual field defects to the medical board report. Make muscle function examinations according to the VA Schedule, paragraph 77 (page 52-c).

6000-6009—Conditions Involving Structures of the Globe:

a. Rate disabilities resulting from these conditions as follows:

(1) Step One:

- (a) Rate impairment of visual acuity.
- (b) Rate impairment of field vision.
- (c) Rate active pathology, if present,

at 10 percent.

(d) Combine the rating in (a) or (b) above, whichever is higher, with (c).

(2) Step Two. Rate pain, rest requirement and (or) episodic incapacity from 10 to 100 percent. This rating, when only one eye is involved, is not necessarily limited to the 30 percent rating for total loss of vision of one eye, since pain or rest requirements may be incapacitating in any degree, including total. Assign this rating under the code which covers the basic condition (Code 6000 through Code 6009). Analogy to another code number is not required. It is an estimate based as nearly as possible on the actual impairment of social and industrial function caused by pain, the time lost because of the need for rest, the frequency of incapacitating episodes, or any combination of these factors. Do not combine an additional rating of 10 percent with this rating during continuance of active pathology.

(3) Step Three. Award the higher of the two ratings resulting from steps one and two above.

b. Retained Foreign Body. Rate as active pathology under step one, if in a critical area or not stabilized; or rate for residuals under step two.

6013—Glaucoma, Simple, Primary, Non-congestive. The minimum rating applies if the diagnosis is satisfactorily established, whether or not visual acuity or field of vision has been affected. The rating is for the disease, rather than for functional impairment of an individual organ. The rating is applied whether the disease process involves one or both eyes.

6029—Aphakia. The expression "one step less" in the note under this code in the VA Schedule refers to less vision, not to percentage evaluation.

6081—Scotoma, Pathological. The rating is 10 percent for the unilateral condition. Combine,

of course, with other ratings, with the reservation that the rating for one eye may not exceed 30 percent, unless there is enucleation or a serious cosmetic defect. Central scotoma cannot, however, be combined with central visual loss.

6090-6092—Diplopia. To determine rating, substitute the 6090 reading for the visual acuity of the poorer eye and read percentage in the 6060-6079 series. If vision is the same in both eyes, pick one as an arbitrary choice. For example, a member has 20/50 vision bilaterally with diplopia in 20 of 20 rectangles. Rate as 5/200 one eye and 20/50 other eye under 6073 at 40 percent.

6200—Otitis Media, Suppurative, Chronic. The 10 percent rating during the continuance of the suppurative process is intended as compensation for the existence of active pathology rather than for additional impairment of the individual sense organ. This rating is therefore limited to 10 percent, whether the pathological process is unilateral or bilateral.

6207—Deformity of Auricle. If associated with disfiguring scars of face or head, Code 7800 may apply. The rule against pyramiding should be applied.

6277-6297—Impairment of Auditory Acuity:

a. The evaluation for deafness derived from the VA Schedule is intended to allow for improvement by hearing aids. Therefore, examination to determine this improvement is unnecessary.

b. Evaluation of this impairment can be through the use of the VA Schedule, either table VI, page 63-7R (controlled speech reception and discrimination tests), or table VII, page 64-7R (pure tone audiometry).

c. For adjudicative purposes, the concerned boards and review agencies must be provided with conclusions from audiology specialists. These conclusions must state which of the two methods of testing best depicts the severity of the organic hearing loss.

d. Most audiometric examinations now being performed use as reference-zero level the one recommended by the American Standards Institute (ANSI). It is essentially identical, for rating purposes, to the International Standards Organization (ISO) levels. The American Standards Association (ASA) reference standards are numerically less than, and may be converted to, the ISO levels, by adding the difference in

decibels at each frequency in the normal range of hearing, as follows:

At Frequency (CPS).....	500	1000	2000
Convert ASA to ISO by			
adding.....	15	10	10

e. Uniformity in analyzing data obtained in audiometric examination for adjudication and review is essential. Reference standards must be clearly indicated as ANSI, ISO, or ASA. No individuals shall be considered for rating unless he or she has been evaluated by an audiologist.

6300-6317—Systemic Conditions. The Air Force does not apply convalescent ratings of 6 or 12 months provided under certain of these codes.

6309—Rheumatic Fever. Rate residual impairments under the applicable code. When a member is determined to be unfit due to recurrence of disease, and there is no residual functional impairment, consider use of the zero percent rating.

6350—Lupus Erythematosus, Systemic. Rate connective tissue diseases under this code.

6519—Aphonia, Organic. Impairment of ability to speak may be ratable under more than one code, depending on the cause and severity of the impairment. In such instances, award the highest applicable rating. This instruction does not apply to speech impairment due to loss of whole or part of the tongue which is rated under Code 7202.

6600-6603—Diseases of the Trachea and Bronchi, and Pulmonary Emphysema. Ventilatory function studies must be included in clinical records to support the diagnosis and degree of severity in these pulmonary diseases.

6721-6724-6731—Inactive Pulmonary Tuberculosis:

a. **Determining Inactivity.** Pulmonary tuberculosis is considered to be inactive when these criteria are met:

(1) There are no symptoms of tuberculous origin. Serial roentgenograms must be stable or show very slow shrinkage of the tuberculous lesion. No evidence of cavity. Sputum or gastric washings are negative on culture or guinea pig inoculation. These conditions shall have existed no less than 6 months.

(2) On a date of inactivity established by evaluation. This date is usually, but not always, when the patient is declared to have received

maximum benefits of hospitalization.

(3) Six months after surgical excision of an active lesion during which time there shall have been no evidence of tuberculous activity in any body system, or on discharge from the medical treatment facility, whichever is later.

b. **Chemotherapy.** Treatment by medication is frequently continued beyond the date when the disease becomes inactive according to the above criteria. Do not confuse the ending date of such treatment schedule with that of the beginning of the inactive status.

c. **Rating Residuals.** A rating of 100 percent for 1 year after the date of attaining inactivity will not be used. After the condition becomes inactive, rate residuals (for example, impairment of pulmonary function or surgical removal or resection of a part) under the applicable VA Code. This rating is subject to the limitations in the VA Schedule, paragraph 96a (page 70-4R), except for the reference to Public Law 90-493.

6800, 6801, 6802, 6811, 6812, and 6818—Nontuberculous Diseases. Pulmonary function studies must be included in clinical records to support the diagnosis and degree of severity of any of these pulmonary diseases.

6814—Pneumothorax. Do not apply the "100 percent for 6 months" rating. Rate the underlying condition, if known; or consider rating by analogy to emphysema (Code 6603) or pneumoconiosis (Code 6802).

6815—Pneumonectomy. Apply the 60 percent rating for pneumonectomy, regardless of the number of ribs removed at the time of the operation. If thoracoplasty later becomes necessary for obliteration of space within the thorax, combine the rating for pneumonectomy with a rating for removal of ribs. Note (2), which follows Code 5297 in the VA Schedule, provides rating guidance in a case of this type.

6816—Lobectomy. An entire lobe, other than the right middle lobe, must be removed for the defect to be ratable. Excision of the right middle lobe and segmental resection of lingulectomies are not ratable.

6899-6xxx—Sarcoidosis. This disease is difficult to rate because of its unpredictable course and the number of body systems that may be involved. It is usually rated by analogy to coccidioidomycosis (Code 6821) or pneumoconiosis (Code 6802), when the predominant

manifestation is in the lungs. With other organ or more generalized involvement and manifestations such as lymphadenopathy, transient joint pains, and occasional febrile episodes, assignment of the disability Code 6399-6316 and rating under brucellosis may be proper.

7000 Series-Cardiovascular Disease:

a. To avoid pyramiding, give only one rating for all manifestations of cardiovascular-renal disease when, according to accepted medical principles, the conditions are etiologically related. For example, hypertension, arteriosclerosis, and end organ nephropathy are so closely associated that they may be regarded as one clinical entity. Rate the disability under the code for the predominant signs and symptoms. Occasionally, the related manifestations in another body system will be so severe as to increase the member's overall impairment to the point that the next higher percentage under the selected code will be justified. The Note in the VA Schedule under Code 7507 is pertinent in this respect.

b. Rate valvular heart disease, when not of arteriosclerotic or hypertensive origin, as rheumatic heart disease (Code 7000).

7000—Rheumatic Heart Disease.

a. An assumption that a ratable degree of rheumatic heart disease existed prior to service is sometimes justified, even though its presence was not previously recorded. Such an assumption, of course, will depend on its compatibility with the interpretation of medical history and findings in the light of accepted medical principles. A stenotic valvular lesion discovered early in military service is an example of such a condition.

b. A "definitely" enlarged heart is one in which there is positive evidence of enlargement beyond the doubtful or borderline enlargement that is sometimes reported when the presence of enlargement is uncertain.

c. the 100 percent rating for active rheumatic heart disease for 6 months is not applicable.

7005-7006—Arteriosclerotic Heart Disease, Myocardial Infarction:

a. Do not combine a rating for arteriosclerotic heart disease with one for hypertensive heart or hypertensive vascular disease (Code 7007 or 7101).

b. Do not apply rating of 100 percent under this code solely on the basis of the acute attack occurring within a 6-month period.

c. In assigning percentages under these codes, the criteria are as follows:

(1) Assign the 100 percent rating following

a myocardial infarction in which complications are so severe (severe complications are intractable angina or intractable congestive heart failure) as to generally confine the individual to home or a comparable environment.

(2) Assign the 60 percent rating following a myocardial infarction with substantiated, repeated attacks of angina pectoris during rest or with normal activity. Also assign this rating for substantiated, repeated attacks of angina pectoris without antecedent myocardial infarction. More than light manual labor is precluded. The term "substantiated," as it is used here, means the existence of a clinical medical history, or both, or other documentation that tends to support the diagnosis.

(3) Assign the 30 percent rating following a myocardial infarction manifested by a definite clinical history and expected laboratory evidence or characteristic electrocardiographic changes. Also assign this rating if the electrocardiographic evidence is diagnostic of a previous myocardial infarction without continuing symptoms that indicate complications of arteriosclerotic heart disease. Also, assign this rating for angina pectoris when ordinary activity does not cause frequent pain, but strenuous activity is precluded.

d. When an infarction or other acute conditions evaluated under these codes has occurred within about 6 months preceding evaluation, or when the member's condition does not appear to have stabilized enough to permit evaluation, place members on the TDRL. Remove them as soon as the condition has clinically stabilized.

7007-7101—Hypertensive Heart Disease and Hypertensive Vascular Disease:

a. Obtain a blood pressure reading to be used in determining disability rating percentages under normal circumstances and during usual activities. When antihypertensive medication is required for control, base the rating on the pressures obtained during usual activities, while under medication. It is emphasized that hypertension brought under control through optimum conditions (that is, during hospitalization under a regimen of medication and enforced rest) will not be used as a basis for evaluation, unless it is established that such control continues on resumption of normal activity. Similarly, readings obtained during periods when indicated medication is withheld for purposes of medical observation, diagnostic study, and so forth, are not used as the basis for evaluation. A minimum of 10 readings, taken on

at least 5 days, on treatment, and under conditions as close as possible to normal duty performance, will be necessary. Also, correlated blood pressure levels with other evidence of end organ change, such as eyeground, neurologic, and so forth are needed. It should be appreciated that the member, while in the hospital, may be engaged in activities, which for adjudicative purposes, are considered unrestricted and comparable to "outside of the hospital environment." For example, he or she walks to the mess hall, receives weekend passes, engages in ward housekeeping duties. The level of hypertension is not to be determined by an average of all readings, rather, the predominant readings are to be the basis for determining the level of hypertension.

b. When a combination of Codes 7007 and 7101 exists with Code 7005, rate the individual under the code that most accurately reflects the disability. The presence of stigmata of hypertensive disease does not warrant rating at a higher level, unless there is clinically significant secondary organ involvement such as renal impairment. When significant changes are present, consider raising the rating one step.

c. Be careful in making the frequently tenuous distinction between hypertensive heart disease and hypertensive vascular disease, especially for the minor degrees of severity. Generally, to justify the 30 percent rating for hypertensive heart disease, all of the criteria in the VA Schedule for that rating shall be met. "Definite enlargement of the heart" means certain left ventricular hypertrophy by ECG criteria other than voltage alone, with allowance for T-wave changes, which may reflect medication more than pressure. The X-ray appearance of the heart is deceptive in concentric hypertrophy, but must be at least consistent with that diagnosis.

7015-7016-7110—Surgical Procedures Associated With AV Block, Heart Valve Replacement, Aneurisms. Do not apply the 100 percent rating based solely on the performance of surgery. Although relatively few symptoms may exist following the insertion of a graft treatment of this condition, the residual of such graft insertion usually warrants a 20 percent rating under VA Code 7110.

7114-7117—Peripheral Vascular Disease:

a. Consider the symptoms and signs of each of these conditions as manifestations of a systemic disease entity, in which bilateral involvement of extremities is natural and expected. Peripheral vascular conditions are distinct from local

mechanisms affecting peripheral circulation (for example, varicose veins or phlebitis). In those conditions, bilateral involvement is more nearly equivalent to coincidental duplication of the disease, rather than its direct extension.

b. When manifestations are limited to the extremities, base the percentage of disability on the most severely affected extremity. Use the rating of that extremity as the total percentage, unless each of the two or more extremities separately meets the requirements for evaluation in excess of 20 percent. In the latter case, 10 percent only will be ADDED to (NOT combined with) the evaluation for the more severely affected extremity, except where the disease has resulted in amputation. When both upper and lower extremities are involved, apply the above procedure to the upper extremities, then to the lower extremities. Combine these ratings if each group has a total rating over 10 percent.

c. Apply the bilateral factor in all cases of an amputation of one extremity with any compensable degree of disability of the other extremity.

d. Do not combine a peripheral vascular disease rating of 20 percent or less with any other peripheral vascular disease rating.

e. A peripheral vascular disease rating chart for Codes 7114 through 7117 is in figure A2-5.

7307—Gastritis, Hypertrophic. Identification by gastroscopic examination is required to establish this diagnosis.

7308—Postgastrectomy Syndrome. In evaluating and rating, take care to differentiate between nondisabling symptoms or minor discomfort which sometimes results from overindulgence, such as that experienced from overeating by a person without a gastrectomy, and discomfort symptomatic of a true postgastrectomy syndrome. Circulatory symptoms, even though mild or intermittent, or comparable symptoms, such as a need for rest regularly after meals, are indicative of disability which may be a basis for rating.

7328-7329—Intestinal Resections. Where portions of both intestines have been removed, rate under the code that best represents the clinical manifestations.

7332-7336—Anorectal Conditions. Pilonidal cyst or sinus is primarily a disorder of ectoderm and shall be rated as a skin condition, except when an active process is present when it

shall be rated by analogy to Code 5000.

7338—Hernia, Inguinal. If correctable, hernia is not ratable even though operation is refused. Hernia is ratable, however, if surgery is contraindicated by circumstances such as poor muscular or fascial structure, senility, psychosis, or serious disease that would interfere with healing or be aggravated by surgery, and the presence of other disabilities so serious or advanced that herniorrhaphy would serve no useful purpose.

7345—Hepatitis, Infectious (Viral):

a. Acute infectious hepatitis is more commonly associated with the still undefined Type "A" infectious agent; but it may be associated with Type "B" antigen. "Classic" acute hepatitis due to either antigen does not progress to chronic liver disease. Do not rate it for residuals when liver function tests have promptly returned to normal.

b. Chronic persistent hepatitis is a condition with minimally disturbed histology and enzyme levels. There is no, or minimal, persistent disability or progression; and rating for residuals is seldom justified.

c. Chronic, aggressive (active) hepatitis is a serious, frequently progressive, condition that may or may not be readily associated with a demonstrable antigen. Since the outcome is difficult to predict, placement on the TDRL, with an applicable rating, according to the VA Schedule, is often required.

d. Rate other forms of inflammatory liver disease by analogy to infectious hepatitis or to specific primary VA codes, if applicable.

7347—Pancreatitis. Rate diabetes mellitus, if present, separately.

7500-7531—The Genitourinary System. Sterility and impotence are not ratable entities.

7524-7525—Testes, Atrophy or Removal. These conditions are not rated. Rate residuals from the underlying condition, as applicable.

7617-7620—Rating Gynecological Conditions. The VA Schedule, paragraph 116 (page 99-3R) specifies that "excision of the uterus, ovaries, and so on, before the natural menopause is considered disabling." In this context, "disabling" refers to eligibility for VA compensation, NOT for active military service. These conditions will not be rated. Rate residuals from the underlying condition or treatment, as applicable.

7703—Leukemia. If the use of chemotherapeutic agents is required, rate as leukemia requiring irradiation or transfusion.

7706—Splenectomy. This condition will not be rated. Rate residuals from the underlying condition, as applicable.

7709—Lymphogranulomatosis (Hodgkin's Disease):

a. With an established diagnosis and accurate clinical staging, members in stages I and IIA, if found unfit, shall be assigned the 30 percent rating. Rate members in stage IIB no lower than 60 percent. Members in stage III are normally rated at 100 percent.

b. When the condition is less than stage III and the member is unfit, place him or her on the TDRL. On removal from the TDRL, if the member is found unfit, rate the condition for residuals only. Splenectomy, if performed during diagnosis, staging, or treatment, will not be rated separately, since it is generally performed incident to the direct management of the condition, and a separate rating constitutes pyramiding.

7714—Sickle-Cell Anemia. The VA Schedule rates all the manifestations of sickle-cell disease and its variants. Individuals with the more severe hemoglobinopathies are not acceptable for entry into the military services, and policies concerning line of duty and service aggravation apply.

7801—Scars, Burn, Third Degree. These instructions supplement the VA Schedule, to permit a realistic rating of actual impairment of function:

a. Rate third degree burn scars, which cause limitation of function of underlying structure, by analogy to other codes that reflect the functional impairment.

b. Rate unsuccessfully healed or grafted areas according to Code 7801. Footnotes in the VA Schedule apply.

c. Rate successfully grafted third degree burn areas as second degree burns under Code 7802. The footnote in the VA Schedule applies.

d. In calculating burn areas, the following computations, and those in figure A2-2, may be of help:

(1) The average 70 kgm (150 lb) male body surface = 1.7 square meters.

(2) 2,636 square inches = 18.3 square feet.

(3) 1 meter = 39.37 inches.

(4) 1 square meter = 1,550.6 square inches.

7802—Scars, Burns, Second Degree. VA Code 7802 limits rating to 10 percent for second degree burns affecting an area or areas approximately 1 square foot. When there are widely separated areas and each area is approximately 1 square foot or more, 10 percent may be assigned for each scar.

7804—Scars, Superficial, Tender and Painful. This rating of 10 percent may be assigned whenever the requirements are met for the area of involvement. The rating may exceed the amputation rating, but only if the amputation rating is 0 percent. Do not combine a rating assigned for a scar under these circumstances with any other rating for disability that involves the same area or digit.

7809—Lupus Erythematosus, Discoid. This applies to the localized type involving only the skin. Rate systemic lupus erythematosus, and the other so-called collagen diseases under VA Code 6350.

7913—Diabetes Mellitus:

a. The severity of each case is an individual matter; consider complications, age of the member, and ease or difficulty in the control of blood sugar levels. By established practice, "large" insulin dosage has come to be regarded as "more than 40 units daily." This may be used as a general guide, but not as the determining factor in assigning percentage ratings. It is quite possible for a member whose average insulin dosage is 30 to 35 units, but with unstable control requiring frequent hospital observation, to be more disabled in fact than a member on 45 units with steady blood sugar levels on a regimen of normal activity.

b. Care must be taken that ratings reflect the severity of the diabetes as such; and that undue importance is not given to early or questionable complications. This is particularly true in considering ratings of 60 percent or above. In some instances, a lower rating shall be given and complications, such as vascular insufficiency, visual defects, pruritis and neuropathies, rated separately. The presence of early or questionable complications in otherwise less than severe diabetes mellitus does not automatically warrant a higher rating.

c. See paragraph 3-33h, for possible exceptions.

8000-8046—Organic Diseases of the Central Nervous System. Carefully correlating the Note under Code 8046 in the VA Schedule with the italicized introduction to codes 8000 8046

should enable boards to select the proper rating approach. In some of these conditions, the minimum rating may be awarded on the basis of the diagnosis alone, whether or not there are residuals. In others, the minimum rating may be awarded only if there are residuals. If there are neither residuals capable of objective verification nor subjective residuals which are credible, consistent with the disease, and are not more likely attributable to other diseases, the condition should be ratable at 0 percent.

8007-8009—Brain Vessels. Do not apply the 6-month rating. In many cases, the danger of disastrous recurrence justifies a rating of residuals that is liberal enough to provide temporary retirement and subsequent reevaluations.

8017, 8018, 8023-8025—Degenerative Disorders of the Central Nervous System. Combined ratings may be assigned under these codes with the bilateral factor added.

8205-8412—Diseases of the Cranial Nerves. Notice the provision for combined ratings under these codes when there is bilateral involvement, but without addition of a bilateral factor.

8510-8730—Diseases of the Peripheral Nerves. When the rating is made on residuals, observe the general principle of adjudicating on the basis of impairment of function, rather than on anatomical diagnosis. For example, a complete paralysis of the circumflex nerve of the major extremity carries a 50 percent rating under VA Code 8518. In many cases, however, abduction of the arm occurs when the circumflex nerve is paralyzed because other muscles are taking over the function of the paralyzed muscles. To warrant the 50 percent rating, the member's residual loss of function must actually include all the defects listed under VA Code 8518. When other muscles have, in fact, taken over the function of the circumflex-innervated deltoid, rate the residual loss of function under VA Code 5201, Limitation of Arm Motion, or 5303, Muscle Injury, Group III, whichever best reflects the predominant impairment. Rate cases of paralysis of the common peroneal nerve with foot drop, VA Code 8521, in terms of loss of function, rather than topographically. Amputation below the knee, VA Code 5165, is ratable at 40 percent. To warrant a similar rating for peroneal palsies, symptoms must be severe enough, such as trophic and circulatory changes and other concomitants, to make functional impairment reasonably equivalent to

actual loss of the foot.

8599—Scalenus Anticus Syndrome. Rate this syndrome by analogy with the lower radicular group (VA Code 8512). Less commonly, rate it with either erythromelalgia (VA Code 7119) or Raynaud's Disease (VA Code 7117), depending on predominant symptoms and overall functional impairment.

8910-8914—The Epilepsies. Attacks following the omission of prescribed medication or the drinking of alcoholic beverages are not indicative of the controllability of the disease, and should not be included in the determination of the disability percentage.

9200-9210—Psychotic Disorders. Impairment due to psychotic disorders, depending on the degree of impairment, is recorded as one of the following:

a. Psychosis in Full Remission. This term is used when there is no residual impairment from a prior psychotic episode.

b. Slight Impairment of Industrial Adaptability. This term is used when the member has mild residual symptoms that will not significantly affect employment potential in a civilian industrial setting.

c. Definite Impairment of Industrial Adaptability. This term is used when the member has some civilian employment potential and has made moderate progress in overall life adjustment.

d. Considerable Impairment of Industrial Adaptability. This term is used when the member has some civilian employment potential but has made little progress in overall life adjustment.

e. Severe Impairment of Industrial Adaptability. This term is used when the member has marked, though not total, impairment for civilian employment and does not require prolonged (more than 90 days) continuous hospitalization subsequent to release from a military hospital.

f. Complete Industrial Inadaptability. This term is used when the member has no employment potential; or when his or her mental condition at the time of release from a military hospital necessitates more than 90 days' continuous

hospitalization in a VA hospital; or, if not transferred to a VA hospital, is discharged to the care of a court-appointed guardian; or is declared incompetent for pay purposes.

9400-9410—Psychoneurotic Disorders. The degree of impairment due to psychoneurotic disorders is recorded as one of the following:

a. No Industrial Impairment. This term is used when there are neurotic symptoms that may somewhat adversely affect relationships with others but do not cause impairment of working ability.

b. Moderate Industrial Impairment. This term is used when the member shows signs of emotional tension or other evidence of anxiety that affects ability to work to a moderate degree.

c. Considerable Industrial Impairment. This term is used when there are psychoneurotic symptoms that reduce the member's initiative, flexibility, efficiency, and reliability levels sufficiently to significantly reduce his or her ability to work.

d. Severe Industrial Impairment. This term is used when the psychoneurotic symptoms are so severe and persistent as to seriously affect the member's ability to establish and maintain effective relationships with people and have sufficiently reduced reliability, flexibility, and efficiency to result in severe impairment of ability to work.

e. Pronounced Industrial Impairment. This term is used when the psychoneurotic symptoms are so severe and persistent as to seriously affect the member's ability to establish and maintain effective relationships with people and to reduce reliability, flexibility, and efficiency levels sufficiently to result in a pronounced impairment of ability to work.

f. Complete Industrial Impairment. This term is used when the psychoneurotic symptoms are so severe as to result in virtual social isolation, gross repudiation of reality, disturbed thought and behavioral processes manifested by phantasy, confusion, panic, or explosions of aggressive energy requiring continuous hospitalization for more than 90 days in a VA hospital subsequent to release from a military hospital.

NOTE: References to pages in the VA Schedule may change when new VA Schedule replacement pages are published and distributed.

PEB FORMAL HEARING FORMAT

NOTE: This formal hearing format is to be used as a guide for the PEB to follow in the conduct of each formal hearing, and is intended to ensure orderly conduct of the hearing and to protect both the interests of the evaluatee and the Air Force. This format may be altered (at the discretion of the PEB president) to provide for unusual or unique situations which may develop, as long as the resulting transcript contains enough information to withstand later reviews as well as possible future claims or legal action, and show that the member had a full and fair hearing as required by law (10 U.S.C. 1214).

1. Formal PEB Hearing Format—Member Present

PRESIDENT: The Board will come to order. This Board is convened by direction of the Secretary of the Air Force under the provisions of chapter 61, title 10, United States Code. The Board is appointed by Special Order _____, Department of the Air Force, dated _____, a copy of which has been furnished to each member of the board, to the counsel for the member being evaluated and to the reporter for insertion in the record. Counsel is appointed by Special Order _____, dated _____, Members of the board are present as indicated. Will the member being evaluated please state his (her) name, grade, SSN, and organization? (active duty or home address (TDRL))

PRESIDENT: The member being evaluated is a member of a Reserve component. At least one voting member of the Board is a Reserve officer.

PRESIDENT: (Member's name), the procedures governing the operation of this Board are contained in AFR 35-4. One of your entitlements under that regulation is representation by a judge advocate if you desire. By whom will you be represented?

COUNSEL: I am _____, appointed Counsel and a Judge Advocate of the United States Air Force. (If counsel is other than appointed Counsel, he (she) will be introduced at this time.)

PRESIDENT: Is any voting member of this Board aware of any reason which would render him or her unable to accord the member being evaluated a fair and impartial hearing?

PRESIDENT: Let the record show that all members indicated in the negative.

PRESIDENT: (To member and counsel), you may challenge any voting member of this Board for

cause only. Do you have any challenges for cause?

COUNSEL: There are none (or) Yes, the member being evaluated challenges (name of board member) for cause on the ground that: (state reason) (if yes, go to paragraph 8).

PRESIDENT: Let the record show that the Board members and the reporter in this case have been previously sworn for this hearing.

PRESIDENT: Is (member being evaluated) ready to proceed at this time? (COUNSEL: Yes or No)

PERS MBR: I offer into evidence the papers pertaining to this case that have been marked as exhibits according to AFR 35-4. These papers have been examined by Counsel and the member being evaluated.

PRESIDENT: Subject to objection by any member of the Board, Counsel, or the member being evaluated, these documents will be received in evidence. NOTE: If there is objection by member or his or her Counsel, the reasons therefore are stated. The President rules as follows:

PRESIDENT: Subject to objection by any member of the Board, the member's objection is overruled (sustained), (If Board member objects, close and vote.)

PRESIDENT: Is counsel aware of any administrative errors in the records?

COUNSEL: None, sir (or) Yes, sir, the member contends that there is administrative error in Exhibit _____, as follows: (states reason).

PRESIDENT: The member's contention is in the record and will be considered by the Board in its deliberations.

PRESIDENT: (Member's name) have you been advised of your rights in this matter and do you

understand them?

MEMBER: Yes (or) No. (If member indicates "no", the Board will recess to give Counsel time to further explain.)

PRESIDENT: What do you elect to do? (Counsel will indicate what the member elects to do.)

PERS MBR: You (member) do swear (or affirm) that the evidence you give in the case now in hearing will be truth, the whole truth, and nothing but the truth, so help you God. (Omit "so help you God" if affirmed.)

2. Formal PEB Hearing Format for NOK/Absentia Cases

PRESIDENT: The Board will come to order. This Board is convened by direction of the Secretary of the Air Force under the provisions of chapter 61, title 10, United States Code. The Board is appointed by Special Order _____, Department of the Air Force, dated _____, a copy of which has been furnished to each member of the Board, to the Counsel for the member being involved, and to the reporter for insertion in the record. The following voting members of the Board are present; _____, President; _____, Medical Member; _____, Personnel Member. Counsel is appointed by Special Order _____, dated _____.

PERS MBR: The case before the Board is that of (Name, grade, SSN. (Member's name) is absent because: (use applicable statement) (1) Medical authorities have determined that it would be detrimental to his (her) health to participate in these proceedings. Or, (2) Medical authorities have determined that he (she) is not competent to participate in these proceedings. Certification of that medical determination is contained in Exhibit _____ of this case. The member's next of kin, _____, was advised of the time and place of this hearing. He or (she) did (did not) elect to attend and he (she) is (is not) present. (Name of NOK) designated (Name of counsel) to represent the member at this hearing. (Name of counsel) is present. Or (3) (Note) In other absentia cases the Personnel Member will make a statement appropriate to the situation, explaining reason why member is not present.

PRESIDENT: By whom will the member being

evaluated be represented?

COUNSEL: I am _____, appointed Counsel and a Judge Advocate of the United States Air Force. (If Counsel is other than appointed Counsel, he or she will be introduced at this time.)

PRESIDENT: (If applicable) The member being evaluated is a member of a Reserve component. At least one voting member of the Board is a Reserve officer.

PRESIDENT: Is any voting member of this Board aware of any reason that would render him or her unable to accord the member being evaluated a fair and impartial hearing?

PRESIDENT: Let the record show that all members indicated in the negative.

PRESIDENT: (to Counsel) You may challenge any voting member of this Board for cause only. Do you have any challenges for cause?

COUNSEL: There are none (or) Yes, we challenge (name of member) for cause on the ground that: (State reason) (If yes, go to paragraph 8).

PRESIDENT: Let the record reflect that the Board members and the reporter have been previously sworn for this hearing.

PRESIDENT: (Counsel), are you ready to proceed at this time? (Counsel: Yes or No)

PERS MBR: I offer into evidence the papers pertaining to this case which have been marked as exhibits according to AFR 35-4. These papers have been examined by Counsel.

PRESIDENT: Subject to objection by any member of the Board, or Counsel, these documents will be received in evidence.

NOTE: If there is objection by Counsel, the reasons therefore are stated. The President rules as follows:

PRESIDENT: Subject to objection by any member of the Board, the Counsel's objection is overruled (sustained). (If Board member objects, close and vote.)

PRESIDENT: Is Counsel aware of any administrative errors in the records?

COUNSEL: None, Sir (or) Yes, sir. We contend

that there is administrative error in Exhibit _____, as follows:

PRESIDENT: The Counsel's contention is in the record and will be considered by the Board in its deliberations.

PRESIDENT: (Counsel's name), I advise you that you may:

1. Introduce witnesses, depositions, documents or other evidence in behalf of the member being evaluated and cross-examine witnesses called by the Board.
2. Make an oral argument or file a written argument, or both, in behalf of the member being evaluated.

PRESIDENT: Do you have an opening statement, Counsel? (Counsel replies.)

PRESIDENT: Will you proceed with your presentation? (Counsel replies.)

PRESIDENT: (At the conclusion of Counsel's presentation) are there any questions by any member of the Board?

PRESIDENT: (To Counsel) Do you have additional witnesses? (Counsel: Yes or No)

PRESIDENT: Does Counsel desire to present any further evidence to the Board? (Counsel Replies)

PRESIDENT: The Board will be closed for deliberation.

3. Format—When Board Opens After Deliberation, and Recesses Case, and Sends It to Wilford Hall USAF Medical Center for Consultation

PRESIDENT: The Board will come to order. All persons who were present when the Board closed are again present.

PRESIDENT: (Name of Member) the Board in its deliberation has determined that additional medical consultations are necessary in your case. These evaluations will be accomplished at Wilford Hall USAF Medical Center. On completion of your consultations, you will report back to the PEB. Your Counsel will give you further instructions.

PRESIDENT: The Board is recessed.

4. Format—To Open Recessed Case After Obtaining Consultation From Wilford Hall USAF Medical Center

PRESIDENT: The Board will come to order. All persons who were present when the Board recessed are again present.

The Board members, the reporter, and the member being evaluated are reminded that they are still under oath.

PERS MBR: The hearing of (name of member) was recessed on (date) for the purpose of obtaining additional medical consultations from Wilford Hall USAF Medical Center. The Board has received the following consultation(s) signed by Dr. (name) and it (they) is (are) entered into evidence as Exhibit(s) (number) and (number).

PRESIDENT: Subject to objection by any member of the Board, Counsel, or member being evaluated, the consultation will be accepted into evidence as Exhibits (Number) and (Number).

NOTE: If there is objection by counsel, the reasons therefor are stated and the President rules as in paragraph 2.

PRESIDENT: Counsel, you may proceed.

5. Format—Announcing Results After Deliberation

PRESIDENT: The Board will come to order. All persons present when the Board closed are now present. (Member's name) the Board after reviewing all the evidence and considering your testimony, finds you physically (fit) (unfit) for worldwide service and recommends (return to duty) (removal from TDRL) (discharge with severance pay) (discharge under other than chapter 61, title 10 U.S.C.) (discharge under 10 U.S.C. 1207) (permanent retirement) (temporary retirement (retain on TDRL). (There will be a summary statement or minority report, if appropriate.) the board is closed.

6. Format—After Deliberation; Case Is Closed and Returned to Hospital Commander

PRESIDENT: The Board will come to order. All persons who were present when the Board closed for deliberation are again present.

PRESIDENT: (Name of Member) and counsel,

the Board during its deliberation has determined that your case should be returned to the hospital commander under the provisions of AFR 35-4.

7. Format—After Deliberation in an Absentia Case

PRESIDENT: The Board will come to order. All persons who were present when the Board closed are again present. (Counsel's name), the Board after reviewing all the evidence finds (name of member) (type of disposition). The Board is closed.

8. Format—When a Board Member Has Been Challenged for Cause

NOTE: When a Board member has been challenged for cause, take action as indicated below, then proceed with the hearing.

PRESIDENT (or SENIOR MEMBER) To Counsel or Member: You Have Challenged (Name of Board member) For Cause. Will You Briefly State Your Reasons for the Challenge.

COUNSEL (or MEMBER): (Counsel, or member, states reasons.)

PRESIDENT (or SENIOR MEMBER): The Board is Closed. The Challenged Member Will Withdraw.

NOTE: Do not consider a challenge to more than one member at a time. Peremptory challenges are not authorized and will not be entertained. The Board will close pending vote on the challenge and the presence of sufficient alternate members to make a quorum. A majority vote is required to sustain a challenge, a tie vote disqualifies the member. When a challenge is sustained, excuse the Board member forthwith and call an alternate member. The alternate Board member called should be one to whom the challenge would not usually apply. If, or when, a quorum is present, the Board will reopen and announce its decision.

PRESIDENT: The Board is Now Open. The Challenge is (denied) (sustained, and the challenged Board member excused and replaced with an alternate member).

PCS IN AWAITING ORDERS STATUS INSTRUCTIONS

NOTE: Give a copy of these instructions to each member at the time he or she requests PCS in awaiting orders status. He or she must be counseled concerning provisions of the JTR regarding transportation of dependents and household goods.

I understand that if my request for PCS in awaiting orders status is approved:

- a. I will be entitled to pay and allowances during the period of PCS in awaiting orders status.
- b. The period spent on PCS in awaiting orders status will be charged against any accrued leave.
- c. Transportation or travel allowances will be furnished if authorized for me, my dependents, and household goods, if I so desire (JTR, volume I, M4158-6, M7010-7, M8262.11).
- d. If I choose to receive transportation or travel allowances as indicated in c above, I understand that:
 - (1) My entitlement to further transportation or travel allowances (to a home of selection) will be exhausted if I am discharged without severance pay. They will also be exhausted if I am discharged with severance pay before 8 years' continuous duty (with no single break of more than 90 days).
 - (2) If I am discharged for physical disability with entitlement to severance pay and have completed at least 8 years of continuous active duty (with no single break of more than 90 days) immediately before discharge, or, am retired by reason of physical disability (permanent or temporary), I will be authorized additional transportation or travel allowances for my dependents and household goods, to a home of my selection. However, entitlement to additional transportation or travel allowances for my dependents and household goods may not exceed the entitlement from my last permanent duty station to home of selection, minus any transportation or travel allowances furnished or paid while PCS in awaiting orders status.
- e. If ordered to return to duty, I will be entitled to travel and transportation allowances for myself, my dependents and household goods based on permanent change of station entitlements from the location of my awaiting orders to my new permanent duty station (including return to present duty station).
- f. If retirement or discharge is held up or stopped for any reason, I remain subject to military control and subject to orders to a duty station, for duty, further medical treatment, and so on, as determined by the Air Force.

STATEMENT WAIVING PEB EVALUATION

The member must sign the following waiver statement (three copies):

"I have been told that, based on findings of a Medical Board, I am not physically qualified for worldwide service or for retention in the military service. This disqualification is based on the finding of a physical defect or condition that is considered to have existed before entry on my current duty status, and does not appear to be incident to, or aggravated by, such duty. I have been told that I have a right, to the same processing as any other member of the Air Force being discharged by reason of physical disability, including the consideration of my case by a Physical Evaluation Board. However, I hereby waive this right. I understand that I have been told that, as a result of signing this waiver statement, I will be released from duty and returned to my home to await disposition under applicable USAFR or ANG directives. I also understand that I will not be eligible to receive disability benefits from the Air Force, but this waiver action does not stop me from applying for disability benefits administered by the Veterans' Administration."

(signature)

(grade)

(date)

NOTE: If the member is a USAFR non-prior service enlisted person, add the following sentence to the last paragraph of the waiver statement: "I also waive further processing under AFR 35-41."